DRUG ABUSE IN THE HIGH SCHOOLS (OHIO)

HEARING

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

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DRUG ABUSE IN THE HIGH SCHOOLS

FRIDAY, JUNE 18, 1982

House of Representatives,
Select Committee on Narcotics Abuse and Control
Mansfield, Ohio.

The committee met pursuant to call, at 9:40 a.m., in courtroom 2, Richland County courthouse, Mansfield, Ohio, Hon. Michael G. Oxley presiding.

Present: Representative Michael G. Oxley.

Staff present: Brenda L. Yager, minority counsel; George R. Gilbert, assistant staff counsel; and Sandra J. Boek, assistant minority counsel.

Mr. Oxley. I would like to call the meeting to order this morning.

We appreciate everyone coming and participating. I will be making an opening statement and the gentleman to my right will be making an opening statement for the chairman of the committee, Congressman Leo Zeferetti. Then we will hear from the mayor and begin our discussions by panels.

I would like to welcome you here today. As an elected official and a parent, I am concerned about the use of drugs by our high school students.

Last year in this Nation, $79.3 billion was spent on illegal drugs. This makes it one of the largest businesses in America.

A large amount of this money was spent by youth. On a nationwide survey, 32 percent said they had used marihuana in the past month. While this is a decrease over previous years, the use of stimulants has increased to 16 percent and the amount of cocaine and LSD used remains constant.

The usage of these drugs not only affects the health of the young people, but also affects their school work, chances for success and also causes problems within the families and the community. For example, most juvenile crime today is drug related.

The Select Committee on Narcotics Abuse and Control has been conducting hearings on drug usage among high school students through various areas of the Nation, including Tennessee and New York.

The purpose of these hearings is to find out what type of drug problems exist, if any, in this area of Ohio and to observe how this area compares to the rest of the Nation.

It is our hope that in establishing a record and gathering information, the community will become aware of the problems that exist. While I am constantly aware that the Federal Government has responsibility on drug enforcement, such as intercepting drugs which have been smuggled into this country, the eradication of drug usage by young people can only be stopped through a community awareness and cooperative effort.

Your attendance here today expresses your interest and concern over this issue. I would like to thank you all for coming and for your cooperation.

I would like to thank especially all those in Mansfield, in Richland County, who have been very cooperative with us in providing the facilities today, and particularly my good friend and former classmate in law school, Judge Jim Henson, and Mayor Ed Meehan, who will be addressing us very shortly.

I would also like to introduce Paul Biber, who will be representing Congressman Pease, for today's hearing. Paul is in the back of the room.

Thank you very much.

Mr. **Gilbert**. Thank you, Mr. Chairman. Congressman Zeferetti, chairman of the Select Committee has asked that his statement for today be read into the record.

[Mr. Zeferetti's statement follows:]

PREPARED STATEMENT OF CONGRESSMAN ZEFERETTI

I regret that I am unable to participate personally in today's hearing which will examine the serious problem of drug abuse among our school-aged youth.

I do, however, commend Mr. Oxley, the newest member of our Select Committee, for initiating this most important inquiry. Since his appointment to the committee last September, he has demonstrated a strong interest in the myriad and complex issues of drug abuse prevention and control, and I appreciate his contributions to the committee's work.

I also want to thank Mayor Meehan for welcoming the committee to Mansfield this morning, and further, I extend my sincere thanks and appreciation to our witnesses and the many other people who have so generously assisted the committee in its investigation.

Unfortunately, the use and abuse of dangerous drugs by our Nation's children have escalated dramatically during the past decade.

Among 12- to 17-year-olds, at least 31 percent have tried marihuana, up from 14 percent in 1972. Within this same age group, an estimated 17 percent are current users as compared to 7 percent 10 years ago.

The most recent survey of drug abuse among high school seniors conducted for the National Institute on Drug Abuse (NIDA) in 1981 shows that 60 percent of these students have tried marihuana at least once and 7 percent are daily users.

There are some encouraging signs. After years of alarming increases, teenage marihuana use is now declining. Use of many other kinds of drugs by our young people is also moderating.

Nonetheless, experts estimate that drug use is higher among our children than in any other western nation. I am especially concerned by the data which shows an increase in abuse of stimulants.

This increase is very likely caused by the burgeoning traffic in so-called "look-alike" drugs which are often made to closely resemble amphetamines and are frequently sold on the street as "speed."

Our children are the primary targets of this unscrupulous trade, and the potential health harm from these products is just beginning to be realized. Our committee held a hearing last fall to examine this growing problem.

The Select Committee's interest in preventing drug abuse among youth is a longstanding one. We have held hearings on drug abuse in schools in New York, Tennessee, and Georgia.

In addition to look-alike drugs, we have conducted hearings on drug paraphernalia which helped to generate awareness of that problem and of the Model Drug Paraphernalia Act developed by the Drug Enforcement Administration (DEA) as a guide for action by States and localities.

As Federal funds for, and direct participation in, drug treatment and prevention services have been cut back, we have looked into effective community responses to drug abuse and have encouraged drug abuse prevention efforts by parents, school-based programs, churches, and others.

The purposes of our hearing today are to learn about the extent of the teenage drug problem in this section of Ohio, to find out how schools and communities are responding to it, and to determine how Federal resources can best be used to combat this problem.

In doing so, we hope that our presence here will help to raise local awareness of drug abuse among school-aged children and will promote the involvement of all segments of the community in meeting the challenges that drug abuse presents.

Thank you.

Mr. OXLEY. Thank you, Mr. Gilbert, I would like to call on Mayor Meehan.

TESTIMONY OF EDWARD T. MEEHAN, MAYOR OF MANSFIELD, OHIO

Mayor MEEHAN. First of all, we would like to thank you for holding these hearings in our county and city at this point in to find out what kinds of problems we have.

I would like to welcome all of you from out of town or other parts of the county to our fair city and we trust this will be a very rewarding type of hearing for you today.

We know there are a number of problems. We know what some of the drug problems are. I think the main concern now is—what are the solutions?

The main problem we have here in the city of Mansfield centers around the apprehension of drug pushers, as well as those involved in the trafficking of drugs.

Obtaining a sufficient amount of money in order to make the necessary drug buys and apprehending those who are, of course, pushing drugs in the area is of major concern to the city.

So, again, we would like to welcome all of you and I trust from the listing of people here today on the agenda, that it will be a very rewarding time.

Thank you very much.

Mr. OXLEY. Thank you so much, Mayor. We appreciate your attendance and your welcome.

The first witness is Dr. Patrick O'Malley. Dr. O'Malley is study director of the Institute for Social Research at the University of Michigan.

He came down today from Ann Arbor. He also will be representing the National Institute on Drug Abuse.

Dr. O'Malley, welcome. We appreciate your coming today.

TESTIMONY OF PATRICK O'MALLEY, STUDY DIRECTOR, INSTITUTE FOR SOCIAL RESEARCH, UNIVERSITY OF MICHIGAN

Mr. O'MALLEY. Thank you. I am Dr. O'Malley, from the University of Michigan, and we have been conducting nationwide surveys funded by the National Institute on Drug Abuse and they asked me to come down to talk a little about what kinds of things have been happening in terms of drug use in high schools for the last few years and my testimony today will be based on this document called "Highlights From Student Drug Use in America, 1975 to 1981."

There are a few copies in the back of the room for anybody who is interested in seeing the actual numbers.

What I would like to do is to read a little bit about the kinds of things that we found.

First, let me tell you a little about the way we do the study.

What we do is we annually select about 125 or 130 high schools located around the country. The study is designed to be nationally representative. We have all kinds of schools, public, private, from all regions, urban and rural included.

We administer questionnaires in the schools to high school seniors. We get questionnaires from about 17,000 seniors a year and we have been conducting it since 1975.

The data that I will be talking about today are current up through 1981. We have recently completed our 1982 survey, but we don't have the data back yet.

Some important changes have been happening recently in the drug scene as far as American young people are concerned. One of the most important recent changes from a public health standpoint at least is the fact that cigarette smoking has continued to decline in this age group.

Since 1977, the proportion of seniors smoking a half pack a day or more has dropped by nearly a third and the decline is slowing now, but it has been substantial. We are, however, still at about 13½ percent of seniors smoking cigarettes of half a pack or more a day.

Another recent change which bodes well for the present and future health of American young people is the sharp drop in daily or near daily marihuana use.

We define for purposes of our study, daily marihuana use as use of marihuana on 20 or more occasions in the past 30 days.

At its peak in 1978, daily use stood at nearly 11 percent of all seniors. That represented a doubling from the previous 3 years, 1975 to 1978.

Since then, however, the daily statistic has dropped back, it is down now to 7 percent. This means, of course, that we have 1 out of every 14 high school seniors smoking marihuana daily.

It is an improvement over the one out of nine that we had in 1978, but it is still a large number.

As with the cigarette smoking, we think this change is attributable to the substantial and continuing increase in health concerns related to regular use of marihuana and also to a decrease in the peer acceptance of marihuana and I will mention a little later what numbers we have on those.

The proportion of students using marihuana at any level, not just daily but at any level, is also declining over the last couple years, although not nearly so dramatically as for the daily use.

Another drug which is showing a recent and significant drop is PCP. But several other illicit drugs are not showing any increases, but are maintaining basically the steady course.

These include tranquilizers, barbiturates, LSD, heroin, opiates other than heroin and cocaine.

All were essentially level between the years 1980 and 1981.

The one drug that did show a large increase was amphetamines. This is important because amphetamines is the most widely used class of illicit drugs other than marihuana.

One-third of all 1981 seniors indicated having at least tried them and this is without medical supervision, this is illicit use; and one-sixth or one of six seniors said they used amphetamines in the previous month.

All of these statistics show sharp increases over the past year, from 1980 to 1981.

For example, the annual prevalence jumped by 5 percent in that single year.

We think these upward trends are exaggerations of the true amphetamine use trends because, as mentioned, there has been a large increase recently in the sales of those over-the-counter stimulants used for diet pills and stay-awake pills and also the mail-order pseudoamphetamines, the look-alikes.

Thus, some number of these undoubtedly are not amphetamines, but are mistakenly reported as amphetamine use.

However, we have done analyses of related data and we believe there is a real increase in the recreational use of stimulants in this age group as well, not just for the diet pills or for the stay-awake pills.

One other drug we have seen showing an increase was methaqualone, not as sharply as amphetamines, but it shows a slight increase in 1980 to 1981.

With respect to alcohol, we don't see any particular change from 1980 to 1981. All of the measures we have are pretty much steady. I would like to point out that one of our measures is we asked, "In the last 2 weeks, how many times have you had five or more drinks in a row on a single occasion?"

We continue to have about 40 percent of high school seniors on at least one occasion in the prior 2 weeks having had five or more drinks in a row.

That seems to us to be a disturbingly high statistic.

In sum, the use of some of these illicit drugs is declining or staying steady. We seem to be down from peak levels of the late 1970's, but despite those tangible improvements, it is still the case that illicit drug use is extremely prevalent among people of high school age.

In the graduating class of 1981, fully two-thirds at least once had illicit use of a drug. We suspect that that is a conservatively low estimate which means undoubtedly more than two-thirds of the people of that age group used them.

While a third of two-thirds only used marihuana, still two-thirds of those used illicit drugs, so you have 43 percent of the sample of American high school seniors having used an illicit drug other than marihuana.

These are judged to be very high levels, both in absolute terms and relative to other countries.

These are, we suspect, the highest levels of drug use in any industrialized nation in the world, and thus while we see some improvements, the problems of drug use and abuse are still a very long way from being solved.

Now, I would like to turn to some other measures we have in addition to asking about simply use of drugs, the actual behaviors.

We ask some things about the attitudes and beliefs that they have and I would like to say a few words about recent findings in these areas.

One of the things we asked the students is how harmful they think various kinds of drugs would be for the user, and another thing we asked was how much they personally disapprove of various kinds of drug use.

We have seen interesting changes, particularly related to marihuana use.

From 1975 to 1978, we had seen a decline in the harmfulness that these seniors were perceiving to be associated with levels of marihuana use, all levels of use.

In 1979, for the first time, there was an increase in the proportions who see harmfulness. In other words, from 1975 to 1978, there was a decline in the number, it didn't seem to be as harmful as they thought, since 1979, it has turned around.

And that increase is going on steadily since then. Regular marihuana use has the most impressive change.

This is why we think daily marihuana use has been going down. There has been a 23-percent jump in 3 years now in the proportion who perceive regular marihuana use as involving great risk.

It went from 35 percent seeing that great risk up to 58 percent between 1978 and 1981.

That is a very dramatic change for these kinds of social science data and it occurred during a period of which there was a substantial amount of scientific and media attention devoted to the potential dangers of heavy marihuana use.

We think in large part that has resulted in the downturn we are seeing.

Also, there has been an increase in the recent past of the number of seniors who think a-pack-a-day cigarette smoking involves great risk.

In 1975, only about 50 percent of the seniors perceived a great risk of harm. That is up to 64 percent in 1981.

Correspondingly, we have seen a downturn in cigarette smoking.

In regard to experimental or occasional use of other illicit drugs other than marihuana, again from 1975 to 1978 or 1979, there has been this decline in the perceived harm associated with that.

Since then, only for amphetamines has that trend downward continued. Otherwise, there was a slight increase.

Kids are perceiving more risk of harm, even with experimental or occasional use.

So essentially, there has been a sharp reversal in young people's concerns about the regular marihuana use beginning around 1979, and since then, there has been a more modest reversal and concerns about less frequent use of marihuana and in terms of experimenting with other illicit drugs as well—amphetamines is the exception, however.

We also asked about to what extent do you disapprove of people 18 years of age or older doing each of the following things and we have a list of drug uses at various levels.

We find that the great majority of seniors do not condone regular use of any illicit drug. Regular use of illicits is disapproved by at least 90 percent, except for marihuana—that use is disapproved by about 77 percent.

Smoking a pack a day is disapproved by about 70 percent for cigarettes.

For all drugs, fewer of the seniors indicated disapproval of experimental or occasional use than regular use, as you would expect, of course.

The difference is not great for illicit drugs other than marihuana. For example, 75 percent disapprove of even experimenting with cocaine, versus 91 percent who disapprove of regular use. Notice there is not much difference.

There is a great deal of disapproval of use of any illicit drugs other than marihuana and at virtually any level.

The seniors do, however, differentiate on marihuana, the rate of disapproval varying depending on the usage habits.

About 40 percent disapprove of trying marihuana once or twice.

Sixty percent don't disapprove. Doesn't mean they approve, simply they don't disapprove.

About half disapprove of the occasional use and as I stated, three-quarters disapprove regular use. So they make a distinction in marihuana among the levels of use.

As far as changes or trends in this measure of disapproval, like the harmfulness, we saw decreases in disapproval between 1975 and 1977, but since then, there has been substantial change and we now have disapproval of all levels of marihuana use increasing substantially.

I would like to talk just a moment now about the attitudes that their friends have as perceived by the seniors.

We asked them, how do you think your close friends would feel if you were to—we give the different levels of use then.

What we find is basically that a substantial majority think that their friends would disapprove if they smoked marihuana regularly, 75 percent of the friends feel that way; or if they were to smoke a pack daily of cigarettes. Cigarettes daily and regular marihuana have the same amounts, about three-quarters, saying their friends would disapprove.

About 56 percent feel their friends would disapprove of occasional marihuana smoking. Slightly fewer, about 46 percent feel that their friends would disapprove of trying marihuana once or twice.

So what we see is basically the peer norms differ considerably for the various illegal drugs and legal ones overall, though they tend to be conservative, particularly given the image some of us have of many kids approving of drug use.

In fact, the great majority of seniors have friendship circles which do not condone use of illicit drugs other than marihuana and three-fourths of them feel their friends would disapprove of their regular marihuana use and half feel their friends would disapprove of their even trying marihuana.

Those are the comments that I wanted to make coming out here and I was given a piece of paper when I came in which asked me to address certain questions and I wanted to, which I have not yet addressed, and I would like to mention them.

One of the things specifically I was asked to comment on is limitations inherent in the study.

What we do is we survey high school seniors. What that means is that we miss one segment of the age population, high school dropouts, who are, in fact, likely, of course, to be higher users of the drugs.

In fact, we also miss people who are absent on the day of the questionnaire so again, we are short there. All of our use figures are underestimates.

We made attempts to estimate how much is the underestimation, and it is there, but we don't think it is substantial.

What we do believe, however, is that because we annually monitor drug use among the seniors, what we can look at probably fairly accurately is the direction of the changes in the trends that are going on.

We feel confident that marihuana use at daily levels is going down.

We probably underestimate, our 7 percent is undoubtedly an underestimate, but we feel confident the trend is down.

That is the more important limitation I think.

People worry about whether kids give us valid and reliable answers to these questionnaires. We believe they do. We have a lot of reasons to believe that.

For example, when we asked how many of their friends do things, we get about the same estimates of drug use that we get from them and this suggests that since there is no reason they should be lying about their friends' use, we suspect there is no reason—we suspect they are telling us the truth.

We have done interviews where we asked kids afterwards, were you willing to tell the truth on this and do you think your friends were? Virtually in all cases, the kids say they would, but they were not sure their friends would have.

Another question I have is whether young people seem to be influenced by the availability of drugs. The answer, I think, certainly is yes.

What we find is that drugs are far more available than people are using drugs. That is, marihuana is available, according to the seniors, to 90 percent of them, it is very easy to get.

Only 60 percent actually avail themselves of that.

Heroin, fully 20 percent, about 19 percent say they think it would be fairly easy and far fewer, less than 2 percent, have ever used heroin.

So availability doesn't seem to be the factor which is preventing people from using drugs.

I have a question, what ages of students have the highest drug use?

We find that our seniors and juniors—there is not much difference between the seniors and juniors, but the seniors are more likely than the juniors and the other younger ones, too.

What we have seen in the past several years is the increase in the amount of drugs used by lower grades in particular at the grade levels about 9, 10, 11 are more early use in those levels, but it is almost all due to marihuana.

We have not seen any particular increases in the use of other drugs for the most part, amphetamines, Quaaludes, tranquilizers, it is mostly marihuana that we see go into the younger groups.

We see little evidence that it goes below grade 9 as far as changes go. Those trends seem to be constant.

I was asked about the regional differences in drug use throughout the country's high schools.

We find that there are a few—the regional differences tend to be relatively consistent. The Northeast and the West—I should explain the four regions.

We have the Northeast, North Central, where we have Ohio, the Western part and the South.

What we find is that the Northeast and the West are a little higher than the North Central, which, in turn, is somewhat higher than the South.

The South tends to be a little lower, the other three not so different, but the North Central seems to be on average for most of the drugs.

One thing we noticed is that cocaine use has been relatively constant in the Nation as a whole. But, in fact, it's been going up in the West and Northeast and down in the South and North Central.

They have canceled each other out so we have the flat line for the country as a whole, but, in fact, it is down about 1½ percent in North Central in the past year.

There are some exceptions to what I just said. North Central, I said, was about average use. In fact, it happens to be the highest in use of barbiturates and stimulants of the four regions.

Urbanicity; we distinguish three different levels, we have what we call large SMSA's, the 12 largest areas of the country, and then what we call SMSA's, which is standard metropolitan statistical areas, and non-SMSA's.

Rural areas and small towns are non-SMSA's. And we find drug use slightly lower in those areas.

The interesting thing is not that they are lower, but they are not much lower. The differences are fairly small. Contrary to what the image may be that the large cities have all the drug problems, that is not the case.

I think I have answered the questions here.

Mr. **Oxley**. Thank you for your testimony, Dr. O'Malley.

If I may ask a couple of other questions.

You had mentioned specifically the drug methaqualone. I wonder if you would care to expound on that? I know you indicated that use of it had increased lately.

First of all, would you explain the drug, and the reasons it is one of the drugs that is increasing in frequency of use?

Mr. **O'Malley**. It is used as, derived, I guess, as a tranquilizer is what it is used for. We class it as a sedative.

What we see is that it is increasing. I am not sure why. One hypothesis was that it is used with cocaine and people like to use cocaine for the high and the methaqualone, which is a downer, or sedative, to even the high out, and one of the things that is suggested is that that may be the case, the Quaalude use is particularly up in the West, as is cocaine use.

Mr. **Oxley**. How is that effectuated? Is that taken at the same time literally, the two drugs?

Mr. **O'Malley**. Yes; it is.

Mr. **Oxley**. In what form? Is that a tablet, the methaqualone?

Mr. O'Malley. Yes, methaqualone is tablet, cocaine is taken in a variety of forms, smoking or free-basing.

Mr. Oxley. Doctor, I wonder if you could just briefly explain what NIDA is, how it is funded, what its purpose is?

Mr. O'Malley. I suspect you could do that better than I. I am on the receiving end of NIDA. I am a research psychologist at the University of Michigan and we receive our funding from the National Institute on Drug Abuse.

It is part of the Public Health Service, part of Health and Human Services. I don't know much about the administration of it.

Our funds come from the Psycho-Social Research Branch. They are interested in monitoring drug-use attitudes and they are interested in causes, consequences, and other aspects of it.

Mr. Oxley. Your reports are written under the aegis of NIDA?

Mr. O'Malley. Yes, we have provided them with annual reports based on our annual surveys. They publish them. They are the actual publishers of these documents.

They print up quite a few of them and do a good job of disseminating these results.

I notice your statement and the chairman's statement include figures from it.

Mr. Oxley. Yes, they are very helpful.

Mr. O'Malley. NIDA funds a household survey, too. We look at high school seniors but they get the entire age range through other studies.

Mr. Oxley. Do you have any information that would indicate early use of marihuana by students ultimately leads to harder drugs and more sophisticated drugs later in life?

Mr. O'Malley. We have not looked carefully at that question. I know there is some data from a study by Dr. O'Donnell and Richard Clayton at the University of Kentucky, which indicates that that is the case.

We have not looked at our data with that question in mind. We hope to.

Mr. Oxley. Thank you very much, Dr. O'Malley, for your testimony.

Mr. O'Malley. Thank you.

Mr. Oxley. We would like to call our next group of witnesses which will be students. I would ask the media, particularly the visual media, to make certain that the students are not photographed from the front.

If there is any photographing or television coverage, we appreciate your staying behind the students and for obvious reasons, we will use the first names of the students only for their testimony.

At this time, I would like to call John, Brett, and Thomas, if they would come forward as the student panel.

Mr. Oxley. Thank you, gentlemen, for coming here this morning. I see that you have prepared remarks, at least a couple of you do. So, if you don't mind, John, do you want to start?

TESTIMONY OF JOHN

John. Sure.

Good morning, my name is John. I am a convicted felon. I was convicted of drug abuse. My story begins when I was in junior high.

The first time I got high, I was 13 years old and in the seventh grade.

I smoked a joint of pot with the friends just to experience what getting high was like.

The first couple of times I smoked pot, I didn't even get high. I just couldn't figure out what the big deal was. Then about the third time, I got high and really enjoyed it. Then I started getting high on weekends.

By the time I was a freshman in high school, I was working during the summer and got high about every day. When school started, I even smoked before my first class in the morning.

Pretty soon, I was getting high before school, at lunch and in the evenings, too. Soon I couldn't afford to keep my habit going so I would have my source front me a quarter pound, that way I could sell 3 ounces and keep the fourth at no cost to me.

By the time I was a senior in high school. I had experienced other drugs such as cocaine, LSD, PCP, speed, and downers. After trying out all the drugs available, I found that I liked the high from cocaine and LSD the best.

The cocaine habit had me for about $700 a week. In order to sustain this habit, I had to sell LSD by the hundreds and eventually by the thousands.

Soon after, I was arrested and charged with three felonies; drug abuse, aggravated trafficking of drugs, and possession of cocaine and pot.

I could have been sentenced to 7 to 15 years in prison.

I was arrested in May 1981 and went to trial in May 1982. During the summer of 1981, a relative of mine got me involved in Narcotics Anonymous. It was at this time that I realized that I could not handle my problem with drugs by myself.

After becoming involved in NA, I realized there were many other people with the same problem.

When I returned to the Findlay area in the fall of 1981, I tried to get involved in a drug rehabilitation program. There is no NA in the Findlay area, but soon after returning, a friend told me about a drug program at the Hancock County Alcoholism Council that he had been involved in. Since then, I have been going weekly and I am thankful for such a program.

Some of my options are:

One, our society is drug-oriented. Examples: If you are too fat, the doctor prescribes speed.

If you are having domestic problems, the doctor prescribes tranquilizers.

If you can't sleep at night the doctor prescribes downs.

The television says if you have a headache, take pills, if you have an upset stomach, take pills.

If you are nervous, take pills.

If you are an alcoholic, take pills such as antibuse.

Want to relax and have a good time? Drink our brand of beer.

Two, most of the articles written about pot are very biased. They are written by people who have never experienced getting high on pot. Teenagers socialize with pot the same as adults socialize with alcohol.

Three, there is need for much more drug education among both teenagers and adults.

In conclusion, I feel there are several things that could be done to improve the situation.

One, drug awareness—children in grade school and teenagers should be educated on drugs and their effects. The more knowledge a person has, the less likely they are to become users.

Parents should also be educated so that if a problem arises, they know where to go to get help to handle the situation.

Two, drug use is in epidemic stages right now—more money is needed for rehabilitation and education. Unless Americans do something more to combat the use of drugs, it will take an even greater toll on your youth.

Three, more emphasis should be put on the source of the problem—smugglers. Our laws are far too soft on smugglers. When you have strict laws and people know they are going to be enforced, they don't take the risk.

Our Government has had the same policy toward drugs for 40 years, and it hasn't worked.

Thank you for your time—we do need your help.

Mr. **Oxley**. Thank you for your testimony, John.

What we will do is get testimony from all three of you and then open it up to some questions that I might have.

Thomas?

TESTIMONY OF THOMAS

Thomas. I am Tom, and I am a cross-addicted alcoholic, and drug abuser and I am 17 years old.

I first tried a drug which was marihuana when I was 11 years old in fifth grade and, like John, I didn't get any effect the first couple times, but I wanted to find out what everybody else was getting, so I kept on trying.

Finally, I got high because I had a chance to build it up in my system.

But I was arrested three times for public intoxication, once for DWI, once for an open container, and once for grand theft, all drug-related.

I was stoned or drunk when I did each one of these.

Last March 1981, when I finally got busted the last time for stealing a car, I was given 90 days in the treatment center and the word in the treatment center is they worked with you on an individual basis with each of you getting a separate counselor.

I was given the idea that maybe drugs or alcohol was my problem and I thought about it a lot because you got a lot of time to think when you are locked up and I started thinking, Oh, yes, I can go along with it, but I won't admit it.

I would admit it because they wanted me to admit it just to get them off my back, but I didn't really accept that I was an alcoholic.

I was working—I wasn't working at a job, but I was working in the treatment center and the last 30 days, I was able to attend AA meetings from the center and I did attend those, I think, to get out. Just really for time out of jail.

I never really tried to get anything out of it, and I got out and I went to a few meetings after I got out and I thought, well, I better straighten up so I got a job and I got my license finally, and it was suspended before I even got it, and I got my license and my job, and I was doing good for a while and I thought, well, before all I did was drink to get drunk and get high, or smoke pot, or take pills, just for the effect, and to get the most effect I could.

But after I knew I couldn't drink like I did any more I thought, well, I'll try to just drink a few here and there and it caught up with me just drinking a few here and there.

I ended up getting drunk again, so I lost my job because I was drunk and I wrecked a few cars and I just went through the whole pattern again of what I was going through for 5 years and I got busted again for public intoxication in February, I think, of this year, and then I got busted for DWI and then I thought something, you know, that pops the question in your head, is these drugs really doing this to me or not?

And I was given a weekend for the DWI and license suspended and the night before I had to do my weekend, I did some Quaaludes and with some friends of mine—I wasn't going to drink, but I said I am going to get stoned because they wanted me to get stoned with them.

I said no, I can't drink, but I will be stoned so I got some other drugs and I did those and I ended up drinking and I got in a fight and got pretty messed up and I did that weekend and when I went in, I was just out of it and I didn't want—if I didn't have to do that weekend, I would have went and got stoned again.

So I did the weekend and I came out. When I was in there, I hit bottom, you know, I said, this is it. I am not going to sit in any more jails, I am not going to have anything else taken from me because of my abuse.

I got out and decided to do something about it and AA was a major step that I took in getting help, but you got to want—the kids or any person with drug problems or alcohol problems, has got to want to be helped.

You can't force them to not do anything. You got to show them, give them some kind of example of what they are doing, the drugs they are doing and alcohol that they drink is what is causing the effect on their lives.

NA, I know John mentioned that——

JOHN. Yes.

THOMAS. They just started a chapter in Lima. That is great. If you go to AA meetings—I was going to AA and NA after I got busted for the DWI and when I went to court for it for public intoxication, I was given NA and AA meetings were mandatory and I can't really say if I would have kept going to them or not, if I wouldn't have had to, I don't know, most likely the way things used to go, I probably would have faded out of them and I wouldn't have made it.

But the courts kept me in the meetings and all you got to have is a desire to stop using the drugs or drinking, and the people in the meetings take it from there.

I can't think of anything else right now. I would be glad to answer some questions.

Mr. **Oxley**. Thank you, Tom.

We will go to Brett and then get to the questions.

Brett?

TESTIMONY OF BRETT

Brett. I am Brett and the first drug I abused was alcohol and that was probably in the fifth grade. The boy brought Seagrams 7 to school and a couple cans of beer and we got drunk.

The people at that school that I wanted to be accepted by, this was elementary school, were the kids that I always say that had the ladies or could fight the best or never had anybody push them around, so I decided that those were going to be my friends. And I would do almost anything for them to be my friends.

One boy in particular, his brother was older, sold a lot of dope, and that was my first experience with marihuana. I didn't get high, like the rest of the guys, but I saw that that was acceptable and I saw that there was a kind of image that went around with being the head.

I bought my first bag from this same guy's brother and it was on Monday I stole from another friend out of his house.

I think the next drug I went to was amphetamines and that was in seventh grade and that was—I saw the older kids had downs and speed and acid and they—I needed to be accepted by them.

So I, too, used speed, and downs.

My drug usage was pretty level, I was kind of scared to get into anything harder because of all the stories I had heard and so we—I was living in Columbus, in the inner city at the time, and we moved to the suburb and I found out there was drug usage rampant because the kids had the money to pay for it.

In the inner city, the kids were more—didn't have the money. Their families didn't have the money.

But out there, they seemed to have a lot more money which means you can buy a lot more drugs.

In the ninth grade, I tried LSD, and I found I really liked that. That high, I can get away with that high. There was no worries, no fears at all.

So that became my drug preference.

I didn't last too long because coming 10th grade, I was selling drugs mainly so I could have drugs. My family thought I should work for money so they didn't give a whole lot of money out.

And I had a part-time job and that money was not sufficient. So I tried selling drugs. I couldn't get ahead on that because I was too busy taking the drugs.

So I was already stealing or robbing businesses and that was—that pretty well supplied me with what I needed.

It gave me another image I could project, I could be the tough guy again, and the thing I found, though, was that a lot of the people didn't accept what I was doing and so back in those times, I classified people in three ways; being either heads, people who used drugs; jocks, which are the sporters who only drink; and people who don't do anything.

So I got in with the heads and that was, I guess, my—where I got any kind of self-acceptance or self-worth or anything was from those people.

My 10th-grade year, I got busted for possession with intent to sell and was expelled from school. They told me to either get treatment or don't come back and I got thrown out of treatment for getting high 10 days into the program, so I didn't get to go back to school.

I started full-time job working in a body shop and my parents at this time told me, if you get high, you get out, and I couldn't quit getting high. I couldn't do that.

I was addicted.

Of course, I continued to get high and I was thrown out of the house, I was—the courts pretty well took over at that time and that started a chain of different institutions, and different drug programs, and psychiatrists, and psychologists, and all this because of my drug usage.

I found drugs at first were my friends, I could feel the way I wanted to feel, I could be OK with myself when I was high and the drugs tended, and alcohol, betrayed me in a sense that they didn't do what they did anymore and I didn't want to be the way I was, but I couldn't stop. I didn't know how.

In fact, I didn't even know that I had a problem. I just thought I was crazy. That's the extent I knew. I knew a lot about drugs, but I guess I really didn't know the effects they really have on a person.

So it comes down to I was made aware that, hey, you have got a problem. I didn't accept that for a while, I was permanently committed by the Ohio Youth Commissioner for grand theft and I went to an institution and was then referred to a place here in Mansfield, a transitional house called Sobriety House, which is a halfway house for alcoholics.

I found the help I needed there.

I found a lot of good people and they, I guess, showed me where I was and I couldn't deny it any more and I had to get sober, I think, for my own benefit, just, I think, to stay alive.

I don't know of any questions I haven't answered, but I would like to thank you.

Mr. OXLEY. Thank you for your testimony, Brett.

If I can, I would like to start perhaps with you and work our way back.

I was intrigued by your comment about classifying people in three basic ways. I think all of us tend to do that in one form or another at no matter what age.

But I was curious as to what percentage of the students were represented by the so-called head, you were a head; you ran around with heads—what percentage of that did you represent?

BRETT. I would say about 45 percent of the school population.

Mr. OXLEY. You mean 45 percent would be classified as heads?

BRETT. Yes, but those were the heavy drug users. Heads are people who get seriously—want to get high. So that is all they do.

Mr. OXLEY. Your feeling is that less than just half of the students would be classified as heads in your situation?

BRETT. In this school. That doesn't account for people who use occasionally or the drinkers, and there seems to be a stigma with drug usage and I can understand that.

The athletes would smoke dope occasionally, not when people would know that they were doing it, but they were into drinking and because that is acceptable, and because the parents can say, well, at least he is not using drugs.

Mr. **Oxley**. You think that is a copout in a way?

Brett. Yes, I do.

Mr. **Oxley**. How about you, Tom?

Thomas. Yes, it is.

Mr. **Oxley**. What was your experience in school in regard to that situation?

Thomas. I have been to two different high schools in the past 2 years and didn't make it at either one yet. At the first one, it was a city school, and it seemed like everybody I knew participated, got high, was a head.

We would sit across the street, there would be a whole group of us across the street sitting over there before the school, after school, just all day, that is all everybody knew.

I would say there was 25 percent or 30 percent were students, real students, and were there to learn and get an education.

The rest were there because that is where the drugs are. At the schools. You ask anybody where to get drugs, unless they have a separate dealer, they are going to say go down there at the school. I went to——

Mr. **Oxley**. Where do those drugs derive from? Were they sold by other students?

Thomas. Yes, other students. You could make a lot of money selling joints, like you could buy an ounce of reefer for $35 or $40 and just sell 50 or 60 joints out of it and make your profit that day and come back the next day and do the same thing.

Mr. **Oxley**. Were you able to do that?

Thomas. Yes, anybody could if they knew you or seen you around or saw you with a joint in your hand of something. But they are aware of people, they don't just buy off anybody, like somebody coming down in the street, hey, I got all this, you want to buy?

Some people would go up, yes, what you got? And some smart ones would sit back and say, well, I got my own supplier. I will stick with it.

Mr. **Oxley**. What was your experience, John?

John. I went to five different high schools, I went to Indiana, East Lancer, Findlay, Toledo, and Innercity, all were AAA schools, always a drug problem.

Just like he said, there was different classes. But in Innercity school, there is more heads. To be accepted, all kids want to be accepted in with their group.

Myself, I would rather be a leader than a follower.

So when I got involved in the situation, what I tried to do was have people—you wanted to be a leader so you tried to sell.

You sold basically to have friends and to keep your own supply for free.

Mr. **Oxley**. What about your peer group that you ran around with, the so-called heads in school? What percentage, say, at Findlay High School? Were you there long enough to give an opinion on that?

JOHN. Yes, I would say 35, maybe 40 percent of the students smoked marihuana occasionally. I wouldn't say 50 percent did it. But daily users probably 20 or 25 percent.

Mr. OXLEY. You believe 20 or 25 percent are daily users of marihuana?

JOHN. Right.

Mr. OXLEY. Was it very easy to get?

JOHN. Well, when I moved to Findlay, I didn't know anybody to buy from so I would go to the big cities and get it and bring it back. So I wouldn't know, I didn't buy around there.

Mr. OXLEY. Do you have brothers and sisters?

JOHN. Younger brothers and sisters.

Mr. OXLEY. What has been their experience?

JOHN. They are 11 and 9, so I don't think they have experienced it too much. I just hope they learn from what happened to me and it benefits them.

Mr. OXLEY. Tom, do you have siblings; brothers and sisters?

THOMAS. Yes; one older brother, three older sisters, and a younger sister, and my sister that is the next one up from me, she is still using, and abuses alcohol and other drugs and she never had any reason not to quit.

I suppose she got some problems with her boyfriend, but as far as holding a job, and driving drunk and stuff, she is good about that, so she doesn't have any reason to quit.

My other brother—well, my one only brother, he was in the same spot I am in now or I just got out of, except for he was not in trouble with the law yet.

He was heading that way. Running around with gangs and stuff.

And before we moved to Lima, we lived in California, and he used to play baseball and, you know, he was a good kid.

We moved to Lima and he just changed. His hair was a foot longer, and I don't know what happened to him, but he got smart and changed like in the ninth grade and he is doing good now.

I got another older sister, she is 22, and we were all good family from California, we got to Lima and it is just like everybody went—wow, just I don't know if it is the people or what.

But my older sister, she was the worse of us all, my oldest sister.

She would do drugs that I would never even heard of yet. I mean, all kinds of drugs.

She was hanging around with people that robbed drugstores and everything else that they could rob.

Finally, she got busted once with them and that didn't seem to have any effect on her. She wasn't a real sister to any of us, and finally, lucky she had a baby and that was the reason for her to quit for the health of her baby.

But——

Mr. OXLEY. Has she had the child now?

THOMAS. Yes.

Mr. OXLEY. Is she back on drugs or what?

THOMAS. No, no; she quit once and I guess that is all it would take for her.

My other sister, she used to, like she was 14, her boyfriend was sent here to Mansfield for prison, and she used drugs occasionally, but she never—she hasn't since.

My brother-in-law, he got out of prison and we got, I got high with him all the time, and she finally told him if he is going to get high, that she wants a divorce, so he quit getting high.

After all his life getting high, he quit—all you need is one good reason to quit and stick with it and you can do it.

Mr. **Oxley**. Can you do it by yourself or do you need help?

Thomas. I needed help. I didn't do it by myself. My probation officer and Narcotics Anonymous were the main things that helped me.

I guess I wanted to help myself, really that was the main thing, but the support groups really help a lot.

Mr. **Oxley**. What is your experience familywise, Brett?

Brett. I have an older brother and he doesn't use, maybe he drinks socially, I don't know if he drinks, even. Coming from an alcoholic home, father, and every father since him was.

Mr. **Oxley**. The alcoholism runs in the male side of the family, is that what you are saying?

Brett. Yes. So far. My brother is not alcoholic, though.

Mr. **Oxley**. You feel in some way you may have inherited that trait?

Brett. Well, I——

Mr. **Oxley**. Do you consider yourself an alcoholic?

Brett. Yes, I do.

I don't know it is an issue they have not figured out yet, because I know statistically 50 percent of the people in AA coming from alcoholic homes and 50 percent aren't. So what can you say? I don't know if it is.

I would like to believe that.

Mr. **Oxley**. Regarding your participation in that program, were you the youngest person involved in that or were there other young people involved? This is in AA.

Brett. In AA, I was coming from a halfway house where there was a lot of adolescents. Right now, there are quite a few young people in AA. I have quite a few friends there all over the State, Columbus, Akron, Cleveland.

So, no, that is an old kind of myth, I think of some old man laying under a bridge with a raincoat——

Mr. **Oxley**. That is why I brought that up. You are saying that that image of the AA in terms of middle-aged to older males participating is not true any more, that there are young people involved in AA like yourself?

Brett. Some as young as 11, 14.

Mr. **Oxley**. Let me ask each of you gentlemen—in terms of school, and particularly in terms of teachers and administrators—is it your opinion that the teachers and administrators are unable to determine if you are in school and you are high; or do they tend to look the other way?

John, start with you.

John. I would say the teachers that have experienced it know you are high. Teachers who have not experienced it, principals and so on, they usually cannot tell.

I have had one teacher in particular say something to me about coming into his class high. That is the only incident I have ever had of any teacher ever saying anything about it.

Mr. **Oxley**. You are saying unless the teacher had been stoned himself at some point——

John. Well, no.

Mr. **Oxley**. That he couldn't necessarily determine if you were stoned?

John. Right, or if they had a kid who smoked it and they knew what it smelled like and they had previous experience with it, other than that, it would be hard to tell.

I used to go to work stoned all the time and I would see my boss kick people out that were supposedly drunk and I had a better high than they did.

Mr. **Oxley**. What is your experience, Tom?

Thomas. The way I—what I always got from teachers is that, you know, just let them be. I always felt that the teacher always knew I was high whenever I went to school.

Sometimes I would go in and leave there because the teacher would look at me like, you know, high again, were you?

And I would say, well, I'll leave.

Mr. **Oxley**. Leave school, you mean?

Thomas. Yes, because I was withdrawing to go to another school and we moved again so I had to go back to this school that I was going to and I only wanted to go to get my name off the absent list so I had to go to homeroom, second period, and I had 10 periods a day.

I went to second period. I got stoned the first period, went to second period, which was a studyhall—great for somebody getting high while going to school, you know, you don't even have to worry about a teacher jumping on you.

I was walking down the hall after that class and one of my ninth grade period teachers saw me and said, "You're back, huh?" So I had to go to his class.

So I would get out after the second period and get stoned between those periods, second and ninth, and half the time, I wouldn't make it back for the ninth period which wouldn't have mattered anyway because just one class out of the year doesn't get you very far.

Mr. **Oxley**. What effect did your being high in class have? Were you able to concentrate at all on classwork?

Thomas. If I tried, if I knew there was a test coming up, I would either get somebody's notes or just answer all the questions at the end of the week or end of the chapter and then study real hard for them real quick and usually do OK.

But otherwise, you just sit there and mess around with other people and——

Mr. **Oxley**. Do most of these heads ultimately get a high school diploma?

Thomas. That is hard to say. A lot of them made it through like in classes like OWE and OWA, occupational work experience and adjustment, and—

Mr. **Oxley**. They did get a certificate at some point?

Thomas. But those are really easy classes to get through, it doesn't matter if you are stoned or not. Some of the teachers I have known that they know their kids get stoned and they pass them just to get them out of their way.

They just say, well, let's get him out of here. There are people who want to learn.

So that is what they do. They just look you over for the people that want to learn and they don't think about you or your problems or anything else.

Mr. **Oxley.** What was your experience in school, Brett?

Brett. With teachers, I believe a lot of it or a lot of their complacency is fear. I think in my case, I think I would be a little scared somebody was going to snitch on me, you know, because I know the teachers that I had knew that I was stoned because I would go in there so wasted, I couldn't talk, I would usually have to have somebody, you know, help me along, or people ask me if I am all right, people tell me to close my mouth.

Mr. **Oxley.** The effect you had at that point, was that a combination of drugs and alcohol?

Brett. Usually it was drugs and drugs, a combination of drugs. Alcohol when I could get it.

I found drugs easier than alcohol to get.

Mr. **Oxley.** Drugs were easier to get than alcohol?

Brett. Yes.

Mr. **Oxley.** Were you in a situation where you were disciplined at all at any time when you were in school and you were discovered by a teacher or supervisor or someone and said you are not in any condition to be in school and just to go home or someplace?

Brett. No, in fact, I don't think I was ever confronted with being high in school and I was high every day. Teachers just watched drug deals in the hall. I know that.

There was just times they couldn't have missed it.

Mr. **Oxley.** Money changing hands?

Brett. Drugs changing hands. I believe it is fear, you know. You hear all the scare stories about drugs and people on drugs. It would scare me. I wouldn't want to go over and try to take somebody's drugs.

Mr. **Oxley.** If I can address one last question and then we have another panel coming up—obviously you three gentlemen have started to meet the problem. In many cases you have gone past that and made an effort, an added effort. But I wonder about your peers, those people who you were in school with who were heads, and I wonder if we are perhaps talking to some success stories. I am curious as to what percentage, or what kind of indication from those people that you knew in the past, and perhaps still know, where they are now and what is happening to their lives?

I wonder if we can wrap up with that?

John. A few are in prison, a few are on probation for something or another that they did under the influence of drugs or alcohol.

I would say at least 50 percent of the friends I used to associate with, some are in prison, some are on probation one way or another.

Mr. **Oxley.** Are they still involved in drugs?

John. Some are, yes. Some of the ones that go to prison come out and they still get high, some of them don't.

Mr. **Oxley.** Tom?

Thomas. Before I was locked up, I had a drinking buddy that we drank every day, or just about every day since fifth grade, we went to school all our lives together.

I got to do my 90 days first, we did the same thing together; and I got out and I didn't see him much, but he was still out drinking and partying and he got locked up for his 90 days and got out and he was hardheaded or something, he is back in jail now.

Most of the people, most of my peers didn't get in trouble when they got on drugs. Except maybe with their parents, maybe.

But a lot of them did graduate, but that is about it. They just graduated, they are not working, they don't have any plans, they don't know what they are going to do. They are just partying.

Mr. **Oxley.** How do they exist? Do they make money selling drugs?

Thomas. Selling drugs, dealing, that is a lot how I got all of my drugs was stealing.

A lot of people are just hanging around with people that do get high and you can sit there and get high for free if you want. Some of them that have jobs, like their check is gone that same weekend they get paid and all week they manage all week maybe with a couple bucks here and there and then the next payday, they buy their drugs again and they are fine.

They don't care about the time in between. They work on getting those drugs.

Mr. **Oxley.** Do they envy you or do they think you are a stray?

Thomas. I haven't really talked to too many of them since I got sobriety. Those people leave your lives unless you go back and try to help them. Some people do say, I'm glad for you, you are doing the right thing, or you are smart, something like that.

Especially my brother. He is a peer person, and he knows where I am at and where I am coming from and he gives me a lot of support.

Mr. **Oxley.** Thank you.

Brett?

Brett. The question?

Mr. **Oxley.** Just in terms of your past friends that were heads when you were in school, where are they now? What are they doing, if you know?

Brett. Some of them are dead; I am sure a lot of them are in jail.

Mr. **Oxley.** The ones that are dead, are they dead because of drugs or did they OD or what?

Brett. Well, everyone that I know that is dead, yes, they did.

Mr. **Oxley.** At the time of their death, how old were they?

Brett. Terry was 18, Harold was probably 15, 16. There was a boy who was brutally assaulted, he is alive, but he is 18 now.

Mr. **Oxley.** Was he assaulted in jail or what?

Brett. No, out on the street.

Mr. **Oxley.** As a result of a drug situation?

Brett. I am sure.

Mr. **Oxley.** OK.

Brett. Then again, there are a lot of them in jail, I am sure of that. I would like to see a lot of them recover, you know.

Mr. **Oxley.** Do you think there is much hope for that?

BRETT. I am sober. That is a miracle in itself. So, if I can make it, I think anybody else can.

Mr. OXLEY. With that upbeat note, we will end your part of the hearing. We most appreciate all of your coming.

JOHN. Can I make one more point?

Mr. OXLEY. Yes, go ahead, John.

JOHN. When I was dealing in drugs, I made more money in 1 day than I do in a month now at minimum wage. After I had been arrested, I was dealing with a person who was big city, big time, used to get LSD right off the press and was dealing with a very good source.

I was working with narcotics officers in trying to apprehend this guy, but it was a combination of two different departments. The department where I lived had gotten involved and they said, "Well, we want something out of this, too. We want 10 people from our county."

I didn't know 10 people from the county that sold, but they were more interested in getting the 10 small people than they were getting this one big guy off the street. I turned down the offer and pleaded guilty to my charge and was placed on 3 years' probation.

It bothered me that they were more interested in netting 10 people off the street instead of getting the one big pusher.

Mr. OXLEY. Thank you so much, all of you.

THOMAS. Thank you.

BRETT. Thank you.

Mr. OXLEY. Our next group of witnesses come from the schools. We would like to have them come forward: Mr. Charles Buroker, superintendent, Bluffton Schools; Mr. John Olds, principal, Elida High School; and Mr. Gary Bedlion, teacher, Findlay High School. Would you gentlemen come forward?

Gentlemen, we thank you for coming this morning and being with the committee. I don't know whether you have any particular order you want to go in. I have not seen John since graduation, so maybe we will start left to right and ask Gary Bedlion to start, and we will work our way across the table with questions.

TESTIMONY OF GARY BEDLION, TEACHER, FINDLAY HIGH SCHOOL

Mr. BEDLION. I am Gary Bedlion. I have been teaching for the past 16 years, elementary, high school, and have coached the entire time. I guess when I first started teaching—I did teach health at that time—when students heard about drugs, it was either through TV, movies, or what they got in health class, and at that time you talked about your hard drugs, such as heroin and such.

I started in a small school.

Mr. OXLEY. What year did you start teaching?

Mr. BEDLION. 1966. That was a class A school. So they have very little experience in drugs. Then as the years went on and I switched schools, now you can talk to students who have either tried drugs or know friends who have tried drugs and they can relate well with drugs and can tell you quite a few things.

I guess the reason I got on the panel is I was asked to do an in-service at our school about drugs, drug recognition and what drugs are prevalent in our school. I had my own personal ideas, but I thought, well, I better talk to the students themselves.

Not patting myself on the back, but I believe I have a pretty good rapport with a lot of students. So I got them out of study hall when I was on hall duty or when I have had a study hall I talked to them. I talked to 103 personally.

Nothing against the survey earlier, but sometimes kids don't always answer things absolutely correctly or will goof around on the survey. I think on a personal thing I can't reach the numbers you can on a written survey, but I got to talk to a lot of students and got a lot of their ideas.

Some of the things that I asked were what drug do you think is most used, excluding alcohol? All the students, 100 percent, said marihuana the one most used.

I asked what percent of the students do you feel use marihuana or have tried marihuana? All of them—when I talked to them, I talked to the ones I felt to be very good students who I don't feel were in drugs to ones I definitely felt were in drugs to a little, at least, trying to hit the realm of the students. All of them said between 60 to 80 percent have tried it. Some of the kids that are, I am pretty sure, drug users said at least 90 percent, but that was only a few. None said below 60 percent.

I asked how many do you feel are regular-type users? By that I classified it as at least twice a week. They said between 20 and 40 percent. That was the basic figure that I got. Not many said 40 percent, so if you take a mean, it may be 25 percent.

How many take pills? Well, they thought about 20 percent, the ones that did answer. Some weren't sure. About half really couldn't give me a percent. They knew they took pills, but they couldn't say any percent whatever. A lot said 20 to 25 percent.

Then I asked, what kind of pills are most taken? The ones that are taking pills, it seemed to be, it was stated speed, black beauties they called them, or miniwhites, black beauties was probably the most. After that they would say acid.

Then I asked—and I guess this is one that disturbed me most—of those students taking the pills, do they know what they are taking? Are they taking speed or are they taking the look-alikes? At least 90 percent said we wouldn't know the difference so they wouldn't know the difference. So they don't know what they were actually taking other than they were black beauties or miniwhites or a type of speed.

The young man earlier was talking about athletes at least not taking drugs, basically just drinking. I hope we are not getting a change, but we had to kick six football players off our team last year for taking speed. They ended up being look-alikes, but all those young men did not know what they were and they still had a reaction to them whether they were caffeine pills or not.

So, I think that that stems from the article in Sports Illustrated. I have not read it, but we had a newspaper article, and I have seen the headlines, when professionals at least are doing this and the kids read it, it is an influence. They didn't know why they were doing it other than a couple said, hey, we heard, you know, professionals have used it and we thought it would help us play better.

So, you know, it is not good. How many of the students take depressants or downers? Most of them said not many at all. That was their basic answer. A few may have tried it, but they were not really into the downers that much.

How many used cocaine? Most said none. A couple said they knew of some students that used cocaine laced in a joint, but I think it is cost prohibitive to some students. So I don't think cocaine is one of our big problems.

However, I asked could you get cocaine? Every student said they could get it or find somebody that could get it for them. So, it is available to them.

As we are talking, I said, well, where do you think the drug problem is the worst or the hardest to cope with. In our system we are a large triple A school, we have 1 through 6, a junior high, 7th, 8th, and 9th and the high school, 10th, 11th, and 12th, approximately 1,600 students in the high school.

They all feel—and I agree—that junior high is the worst time for them and drugs. They are impressionable, they hear things, maybe their knowledge isn't that great yet, they try it. I think the young man prior to this kind of held true to this because they all said between 7th and 9th grade, where they really got started into it, also, because it is there, it is available, and this is the hardest time.

I really think a lot of our kids by the time they get to high school have made up their minds whether they are going to be a drugger, a juicer or straight. Basically they have made up their minds.

Then when I talk about alcohol with them, all the students felt alcohol was the greatest problem. They all drink. I guess the one thing that—some of the kids would share with me was the fact that they tried drugs at one time or another. None of them would come out and say they are users right now. None of them, even though I know some of them are. I feel they are, I should say.

But with alcohol they are free to share that. They do alcohol or use it or try it and get high on the weekend, something like that. A lot said beer and marihuana is prevalent at most parties and they go together, but they are eager to share that, had no qualms about saying it, and they felt the percentage there was very high. Most everybody drinks, you know.

Talking to the teachers—because I had this inservice day to deal with the drug question—I think teachers have a tendency to overlook it, not to confront the students. I think there are times teachers aren't sure but they will see a student come in who is not acting the same that day, more skittish or whatever, or come in and be brave.

I am as guilty as some other teachers. We don't always confront that student. I am not saying we have to go up to that student and say hey, you are on drugs, but I think just the idea that we go up to that student and say hey, are you having a problem today, you are not acting like yourself. Our teachers need to get awareness and start recognizing the signs, the whites of your eyes are red today or the pupils don't look right, are you on medication for something? I don't think we have had to come on that, but when they start realizing that and what the young men said earlier, the teachers start recognizing it will help some, but I think many teachers are hesitant in saying something or confronting the student with the problem.

I think our educational program is helping. That is one of the reasons some of the percentages are down. I think we are educating and showing the students a little more.

Our health program at the high school, all students have to take it. Within that course of study we have to have a unit on drugs, and in that unit we teach the different things about drugs, the laws, the effects on the body, and we bring in a lot of movies dealing with drugs.

Our police department is good about sending someone in from the drug enforcement unit, or when it is available, they get outside speakers and we have a good film library that we draw from.

Not that this is the best time to hit them that hard, but now we are going all the way down to the elementary and starting with our drug education. I know my daughter is going through it this year in the sixth grade, and I felt they did a fine job with it. Our junior highs are getting much more drug education.

So, our education process I hope continues to help and maybe the numbers will go down. We still have a long way to go, and there is definitely still a problem. All the students feel they do know more about drugs now and are more aware of what is going on.

I could say a lot more, but I will stop. If you have questions, I will be happy to answer them.

[The prepared statement of Mr. Bedlion appears on p. 87.]

Mr. OXLEY. John?

TESTIMONY OF JOHN OLDS, PRINCIPAL, ELIDA HIGH SCHOOL, ELIDA, OHIO

Mr. OLDS. Just as an introduction, perhaps. I have a strong conviction that the problem of substance abuse among high school students is a reflection of what is going on in society in general.

I think too many times we tend to focus on high schools as being the beginning and the end of the problem. I don't believe that this is true in any way, shape, or form. High school students are clear trend followers, they are not trend setters. The trends come from their college-age brothers and sisters, from the coast, and filter downward or inward to our area.

So, it is my feeling that the situation of any substance abuse has a close statistical relationship to the total population in general. Even though it is a personal bias of mine, I tend to hesitate to try to quantify an abuse problem among high school students as a percentage.

It has been my experience that if you talk to any individuals that are using any given substance, they tend to say there are a great deal of people. In fact, in some cases it might be a rationalization for their own behavior.

On the other hand, I have talked to students who have not used and do not abuse the same substances and they will give you a completely opposite type of reaction, where there is very few or they don't see much if any abuse going on.

So, the point is this: So long as we have an abuse problem among our population, we are going to have a problem in the high schools. I think it is important to countershift these studies in this regard.

Again, what is being said here, I think the substance most abused today is alcohol. Even in casual talk now students talk about partying or social gatherings, the talk is about alcohol. Perhaps the reason it is not abused as much during the school day is because it is not as readily available. It is more difficult to conceal than are some other drugs.

But alcohol is a problem. There is among students today—and it is a term used—a senior six-pack syndrome in which many students don't feel they have a nice time unless they have alcohol with them.

Another item of concern I have is the so-called head shops within a mile and a half of our high school. There is a shop known as a head shop. In fact it is part of their name.

The problem with head shops is again, in my estimation, not only that they are an adjunct to illegal activity, but are also a center of information, an information brokerage house where they can go to find the location of it, what the prices are and to a degree set up a free enterprise competition situation where they can discuss the decision and find out what is used, what the new things are, what the efficient way to use items are. So that is a problem that exists in our society.

A third area is the look-alike drugs that was alluded to. They are very easy to come by and, as was stated before, the differences cannot be determined many times even after taking the drugs.

I don't know whether it is a contact type of a high or the actual ingredients within the drugs, but we have had a problem with that in the high schools around the area.

Part of the problem with that is the fact that you can get these in some head shops, you can get these in advertisements out of magazines. I have brought attached to my statement just two advertisements out of two magazines we took from students. One is Head Magazine, the other is High Times, where you can get these look-alike drugs.

So in conclusion, in terms of the problems generally I think it is a reflection in our schools of what is happening in communities, States, and regional levels. The reasons for this I think are almost cliche now.

The breakdown of the traditional family ties—and I mean that as it existed prior to the conclusion of World War II, I don't recall that, but maybe some of you do, but there is a definite breakdown in a number of ways. It is reflected to us.

In our school system I feel that there is still a consensus between the school people and the community of what the school is to do; a general mandate, if you will, although that is being obliterated more and more.

I see parents willing to do battle with a school official on behalf of their child, even though they know that behavior of that child is not acceptable. They are still willing to battle us.

Perhaps in some cases they feel they can say to the child, look what I have done for you, I have tried to help you, we just have not been able to make progress or I won this battle for you or whatever. They would rather have the child mad at the principal or the teacher than the parent.

At any rate, I feel that even though it is almost a cliche, there is a breakdown. We know that the serious behavior-related problems we have to deal with are there, and a big percentage of those come from a one-parent family and many times—perhaps it is a cliche—the parent is the mother and there is either no father or perhaps even a weak father image for that child to associate with.

In terms of recommendations, it is a complicated, sensitive, and maybe in the total sense to a degree an unanswerable question in a simple sense. I am an optimist. I take a great deal of optimism from some of the reports we are seeing.

The University of Michigan, for example, has done a study that indicates for the last 2 years there has been a marked decrease in the types and amounts of students involved in substance abuse. This has been a dramatic change from a time when we saw overdoses in schools on a regular basis to a time when we don't see many at this point.

In terms of recommendations, I think that there has to be some effort made toward the trend setters, the media people. The Sports Illustrated article is really enlightening, true or not true. There is food for thought there from the standpoint that our students, student leaders read that. They go to movies where drugs, drug use, alcohol use is almost celebrated in the media.

On TV programs during prime time, movies, there is a saturation of on the one hand a celebration in the use of drugs and on the other hand the schools, the parents, the churches almost being evangelistic in saying not to abuse, not to use.

So, I think that there has to be some effort directed toward analysis of where the trends come from, and the trickle-down theory hopefully will make an improvement in the total situation.

Parents, I have heard mentioned by these students, or parent-support groups, this is a very important part of the solution to the problem. We have a lot of people that move in and out of our district. I think so many times, with the rapid changes of technology, changes in some of the attitudes, that many parents don't know what are acceptable standards.

It is an age-old story. The child goes to mom or dad, can I go do this, everybody is doing it. Parents say, well, maybe that is true, maybe I don't understand, I am old fashioned, so as a result maybe a child is allowed to do some things that may not be in their best interests.

So I think in terms of the schools, this is something that we could be doing with the proper support to help parents get together, exchange ideas, and come up with some support and help for them.

Again, just as a matter of conclusion rather than rambling on, I would like to share another study with you. I take a great deal—I am an optimist. I take hope from some of the things I am seeing today.

A survey done by "Who's Who in America in High School Students, 1980" showed interesting things. Ninety-two percent of high-achieving teens have not tried marihuana. Eighty-five percent are members of an organized religion. Eighty-five percent prefer traditional marriage. Seventy-eight percent have not had sexual intercourse. Seventy percent have a definite career goal in mind.

This is my 17th year in education. I have been a classroom teacher for 7 through 12; basketball coach. I have done a lot of different things: served in the cafeteria line, a number of interesting things.

But I really take a great deal of heart—and I hope my objection is well-founded—in that this last couple of years, particularly this year, I see students being the best dressed, almost self-directed, well-motivated groups of kids that I have come in contact with since 1965.

Perhaps there is a lot of reason for this, but at any rate there does seem to be at least in my estimation a feeling of hope that we have turned the corner on this and we are at least down the path of taking the right direction.

With that, I will withdraw. Thank you.

Mr. OXLEY. Thank you.

[The prepared statement of Mr. Olds appears on p. 89.]

Mr. OXLEY. Mr. Buroker?

TESTIMONY OF CHARLES BUROKER, SUPERINTENDENT, BLUFFTON EXEMPTED VILLAGE SCHOOLS

Mr. BUROKER. I think the reason why I was asked to make a presentation at this hearing is because I represent a small rural community in northwest Ohio.

Bluffton is a town of about 3,000, which also includes a private church-related college. Since I assumed the superintendency in that district some 5 years ago, I have had discussions with interested residents who indicated they felt there might be a substance abuse problem within the community which was really not being addressed. This was both at the college and public school level.

I shared this concern with an advisory council, appointed by the board of education. The purpose of this council is to make a study of school-related problems or school issues and then make a report to the board of education with recommendations.

A subcommittee of this advisory council decided that a substance abuse survey was appropriate for our high school students. So, in the spring of 1981 a survey was developed with the assistance of Phil Ward from the Allen County Health Department and was administered to our students in the high school, which includes grades 9 through 12.

Ninety-eight percent of the students of our high school at that time completed the survey, and you have copies of that survey. It is in two parts. One is the total survey and the responses to each question, and the second is a summary which was used by the advisory council to submit their recommendations to the board of education.

Part of the dilemma faced by the board, even before they would grant permission for the advisory council to conduct this survey, centered around a concern with whether or not the results of the survey would be used against the school system in general if the information from the survey was released to the public. There was a concern, a fear, that the public would blame the schools for drug abuse within the community itself.

Because of that fact, the advisory council from the very beginning took the position that substance abuse is a community problem, a problem of parents, it is a problem of which, as John said, resides with society in general.

Because of this position from the beginning, the results of the survey was received positively within our community.

The survey itself I think is self-explanatory. It was a paper and pencil survey and one has to look at the results with the understanding that the generalizations which one can draw can only be based on how truthful the people responded to that survey.

I think for the most part it can only be assumed that this is a general trend of substance abuse among the students at Bluffton High School. You will see, for example, that a percentage of our students, though very small, indicate that they use narcotics on a regular basis. I don't think that is true at all, mainly because of the cost factor.

As a general trend, it reflects what has been said earlier. Alcohol in small rural Bluffton is the major substance that our students are involved with. Second is marihuana. There is a fairly low percentage of use by our students of other substances mentioned in the survey.

Another interesting fact which came from the survey was that the perception of substance abuse among our students. One of the questions on the survey asked what percent of the students at Bluffton High School use alcohol, use marihuana, use cocaine, et cetera. The perception of substance abuse was much higher than the actual abuse reported. So, there seems to be a general feeling that more usage is around than what the students responded in terms of actual usage.

What we plan to do with this survey is to use it as a starting point to implement a drug or substance abuse education program in grades K through 8.

Starting this fall a committee composed of students, parents, board members, administrators, and practicing professional people, doctors, nurses, and the Allen County Health Department will meet and try to come up with a curriculum which will include all aspects of health. A part of this curriculum will deal with substance abuse. Hopefully, from that starting point, we will have some impact on our students within our particular school district.

Thank you.

Mr. OXLEY. Thank you.

[The prepared statement of Mr. Buroker appears on p. 95.]

Mr. OXLEY. If I may start with you, it would obviously be instructive after a few years of that education program then to go back and do another survey, and see perhaps what kind of effect that program had. It would be interesting to track that.

I am sure that that would be something that I am sure you would want to do?

Mr. BUROKER. Yes, that is planned. As a matter of fact, that is one of the recommendations of the advisory committee. After the curriculum is implemented the survey will be redone to see what impact the curriculum has had.

Mr. OXLEY. I was struck by some of the figures in your survey, particularly when we are talking about a small rural school. We are not talking about New York City, or Chicago, or somewhere like that. This is Bluffton, Ohio, a very conservative community, a community that I am very familiar with.

It was interesting to me, for example, the question, have you ever used marihuana: 31 percent. That is not an insignificant number. The question, do you use marihuana now, which is interesting, indicates 18 percent. So, there is some indication that perhaps people had tried it and laid off.

Those answering affirmatively to the question, do you use cocaine now, were almost 10 percent, and again perhaps this is a small figure in some communities, but I certainly think that is an indication that in a community like Bluffton there is somewhat of a problem.

I was also struck by the 17th question, do you know where to obtain illegal drugs? Fully 60 percent of those students admitted they knew where to find illegal drugs. I assume this meant in Bluffton, Ohio?

Mr. BUROKER. Yes.

Mr. OXLEY. So I appreciate your testimony and particularly your bringing us this empirical evidence that we will make part of the record, of course. I do think it is an interesting survey. It was interesting that when Dr. O'Malley discussed the nationwide polling they had done and the questionnaires, his comment was interesting in that even though there was a dropoff in the so-called north-central area that we are in, compared to the East, Northeast and far West, that dropoff was not as precipitous as one might think.

I think the study you did in Bluffton was indicative of that. We appreciate your input.

Mr. Olds, you had talked about the head shop in proximity to the Elida High School. I know Gary has that problem in Findlay. I am sure most school districts, particularly of the larger towns around here, have that problem.

I wonder if you would give us some more information in regard to that and tell us what your opinion is in terms of perhaps the impetus or idea of turning on students to drugs and how that develops?

Mr. OLDS. A number of the students that we have caught on campus with drug paraphernalia, they indicate to us that they got it at the head shop. That is certainly a problem in and of itself.

I do have—I don't know if you would be interested, but I brought a couple things along. I have been here 5 years and this is an accumulation over 5 years, so comparatively it may not be all that much.

The problem comes from as much as an information center as far as I am concerned, because that is a center for commerce, if you will. That is where the real problem lies. Here are a few of the things that are simply adjunct to the use. Again, I don't know if you are interested.

Mr. OXLEY. I would be definitely interested in that, and if you would explain some of the paraphernalia and how they are used.

Mr. OLDS. This is a nicely constructed holder for marihuana. You roll your joint, I suppose, and put that in there.

This is called a bong pipe, one of a number of different types of pipes that is used to smoke marihuana.

Mr. OXLEY. Was that confiscated from a student?

Mr. OLDS. Yes, all this stuff was confiscated from a student.

This is a fancy roach clip, roach clip being a device used to hold a very small portion of the cigarette, the reefer, so you don't burn your lips or any parts of your body, and you smoke it right down to almost nothing.

Mr. OXLEY. What is the feather?

Mr. OLDS. The feather is a fashionable addition, I am sure.

So that those are just a few of the things. In addition to that, I suppose the most common form of roach clip is an electrical connector; alligator clips, we call them. Many of those have beautiful feathers and so forth on them.

In addition to that, we have capsules confiscated again from this student. They were purchased—again you might want to look at those at your leisure. These are so-called black beauties. They tell us, the kids tell us they look exactly like what is on the street, but those were purchased through a mail order purchase, through Head Magazine. A student had those and was trafficking in those things.

Mr. OXLEY. The student bought the look-alike from the Head Magazine and sold them as black beauties?

Mr. OLDS. Right. Of course, with our school system, when we catch an individual involved in substances, we file a police report and then the police make a determination whether or not they have enough for an arrest, in addition to the usual types of punishment.

In this case the police did make the arrest, and we frankly thought we had a pretty good case until they had them analyzed and found out that they are a high percentage of caffeine, probably instant coffee of some kind along with some other materials.

Mr. OXLEY. All right. These, under Ohio statutes, then are such that the sellers could not be prosecuted for selling counterfeit drugs, isn't that correct? They would not fit there? The look-alike is not under the counterfeit drugs question?

Mr. OLDS. There are court cases that apparently if you are selling something purporting to be a drug, there may be some basis for pursuing that.

Mr. OXLEY. Under the fraud statutes as opposed to the drug statute?

Mr. OLDS. Yes. So if somebody wanted to write to the Better Business Bureau of——

Mr. OXLEY. Well, what I meant was, under present Ohio law—and I remember it as a member of the legislature. We debated that back in 1974, as I recall.

Mr. OLDS. The police could not follow this up, though, that is correct.

Mr. OXLEY. Thank you.

In regard to Gary's comments about the faculty and about the students coming to school stoned or in some stage of being stoned, I wonder what your experience is in that regard at your school?

Mr. OLDS. It obviously happens, and it happens—I really believe this—it happens so much less now. I recall—I don't like to drag up a lot of bad memories—at a high school—not the present one I am at, but a nearby high school—at one point we took 40 kids to the hospital 1 day on an overdose.

That was an unusual situation that occurred where a girl brought in a purse full of barbiturates and students started taking it and mass hysteria set in when we started finding out about it.

At that point in our history we found so many students that were under the influence of a variety of substances, and it was almost a weekly situation. I was going over our statistics of the last 3 years. In terms of overdose, where we had to send somebody to a hospital or get a physician involved, there have been very few of those. There are a lot of different reasons for this.

But there are students coming to school under the influence. A part of the breakdown—I had a confrontation with a parent. I had a student—and I feel as though I have good rapport with students who I thought I had seen a decrease in grades, red eyes, and other symptoms that we see—and I confronted him with it on a personal basis, not legal or school basis, but I expressed my concern

His father was in the next day threatening to sue me if I accused his child of using marihuana. He said, "My child does not use marihuana." He resented the fact I had intervened. The student basically told me sometime later that my assumptions were pretty correct.

But even though that parent may be in the minority, it is still a confrontation that takes us to pause and think seriously about whether or not we want to pursue that kind of thing.

Mr. **Oxley**. Is the fear that one of the students talked about—and I gathered he was literally talking about physical fear now—is that a real problem?

Mr. **Olds**. I don't believe so. I think it is a myth that they have created. There are a number of myths surrounding this with students. No. 1 is we don't narc; that is, we don't tell what is going on.

I said you can clean the problem up in 15 minutes. If a significant number of students decided they had had enough and would band together, they could put the drugs out in 1 day's time. But we don't narc, is the thing.

There is a romantic aura surrounding even the so-called good, solid kids. One of these kids for example may even be a Congressman some day, but we have kids that are that good. We have a good bunch of kids at our high school as a group. That is one of the things that makes our high school go, is our kids and teachers.

It is just a very difficult thing to get a handle on. We do confront students, we work with parents, and we are going to continue to do that.

Mr. **Oxley**. Thank you.

Mr. Buroker?

Mr. **Buroker**. As you mentioned before, Bluffton is a rural, very conservative community, and frankly we don't or have not noticed any or very little substance abuse within the school setting itself.

In my 6 years there, 1 year as high school principal and now 5 years as superintendent, only two instances of such problems come to mind. One occurred on the last day of school, when a student went home for lunch and drank. This student who had never really been around alcohol much, came back to school inebriated and was taken home to very embarrassed parents. On one other occasion 2 years ago a student had taken some barbiturates and had to be taken home.

But in my 6 years here at Bluffton, these were the only two occasions when any noticeable evidence of substance abuse occurred during the school time.

Without question there are some students who, came to school with the smell of marihuana on them. I have worked as an administrator in some schools that were very large and very close to inner cities with a substantial amount of drug abuse problems, and consequently I feel qualified to recognize that smell.

But beyond the smell of marihuana occasionally, we have had virtually no problems at all in the school setting. Fortunately, at Bluffton the quote/unquote good kids are the ones most kids look up to and followers want to mirror that group instead of the kids who may be involved in the use of drugs.

Mr. **OXLEY**. You are very fortunate in that case.

Mr. **BUROKER**. Without question.

Mr. **OXLEY**. I have no further questions. We appreciate again your coming over and sharing with us the situation in your particular areas. Thank you very much.

Our next witness is Mr. Dan Rumer, assistant principal at Bath High School, who also serves as a probation officer for Allen County. This is a rather unique combination.

TESTIMONY OF DANIEL F. RUMER, ASSISTANT PRINCIPAL, BATH HIGH SCHOOL, LIMA, OHIO

Mr. **RUMER**. I guess I have agreed to make a statement about myself.

I have been in education now for 15 years and have served in that capacity as a teacher, as a guidance counselor and now I am assistant principal of the high school.

For 7 of those 15 years I have doubled as an employee of Allen County Juvenile Court under a youth grant, initially as a youth counselor and now as a teacher/probation officer, of which we have five or six working in the public schools.

The idea is that there is a tremendous overload on full-time probation officers within the county, and that resident part-time probation officers within the school setting can in many cases cut the load of the full-time officers down as well as by being in residency, where you have an immediate daily contact with youngsters who become a juvenile court problem.

By way of initial statement, everything that I might address myself to would be in terms of personal objection in one of my four capacities—assistant principal, probation officer, teacher, or guidance counsel—and is also relevant to the contacts I have had with kids.

I would see four or five basic problems which the public schools are facing:

One, I would identify alcoholism or the use of alcohol as the primary problem by a significant amount in public high schools; the accessibility of alcohol not within the school and during the school, but I think within the community; and also the apparent accessibility to our students, and I am sure every other student in Allen County, is fairly prevalent.

Two, I think there is a lack of education on the part of parents that we have go away from knowing what our kids are doing in the evening. They may indicate they are going to a drive-in all night and that assumption is made and we leave it at that. When they come home in the morning from an all-night drive-in and go to bed, you say it is because they watched movies all night. However, chances are they may have been doing grass, drinking all night, or partying. Parents have tended to write that off in many cases.

There is a difficulty today in detection of abuse, and John alluded to look-alike drugs. I think in terms of the public schools, the number of detected cases have gone down in our situation because the kids have become more sophisticated.

They don't do grass in school the way they did say around 1968 to 1972 because everybody now knows what grass smells like. In 1968 through 1972, 90 percent of the faculty had no idea what it smelled like. It was just unusual. Today, if anybody lights a joint anywhere in the building, within a short period of time everyone knows it has been lit.

Look-alike drugs and the authentic drugs, too, are easily disposed of by a student. They may take one or two capsules in the morning, and if they are sophisticated enough, they can manage to get through the day without too much difficulty. One of the young people indicated that their friends helped them through the day, and that is very true.

So there is a very difficult time that I think school administrators and teachers have in terms of detecting when a youngster is high.

Alcohol is not so much of a problem because you have the aroma. In our area, although there is more being done to provide programs for the abuser, either alcoholism or substance abuse, for the youngster, I think we have a tremendous lack of successful rehabilitation programs particularly in the long term area.

The Allen County Department of Health runs a drug and alcohol abuse program, but in the end it ends up maybe 6, 8, 10 hours of concentrated work, and anybody who has worked with youngsters understands that 6 or 8 hours will not undo what 5, 6, or 8 years has done.

Then I think one of the crimes of the century is that parents and communities and legislators and everyone really are unwilling to confront the problem and stand up and say we have a problem and admit there is a problem, and secondly then begin to do something about it or work on programs which are going to be successful.

I am not sure what those programs are, but I think as all the youngsters probably indicated here, one of the first steps in Alcoholics Anonymous or Narcotics Anonymous is simply that you admit that you have a problem and thereby take the first step.

As I said, if I were to identify specifically the order of abuses in our high school, I would have to put alcoholism as the chief abuser. I would incorporate probably grades 7 through 12. However, our high school is 9 through 12.

From my experience in the last couple of years, look-alike drugs would be creeping into the school abuse problem much more than marihuana. Marihuana I am sure is probably more abused than look-alikes. However, partying on the weekends from three Friday afternoon to bedtime Sunday night is when that takes place, because of the ease with which a knowledgeable person can identify that marihuana is being abused.

We have not had—and this would substantiate what Mr. Olds said—in terms of overdosage or things like that, we have sent maybe a half dozen kids to the hospital. We require, I require as the assistant principal—and I am in charge of invoking board policy relative to discipline. If I call a parent and the student is sent to the hospital, we require a blood and urinalysis.

It is more for litigation from my standpoint than from their standpoint. However, I do have the concern of the youngster in mind because usually at that point you are not sure, no one is aware what has been taken, whether it is alcohol and drugs or whether it is just drugs or what kind of drugs. Usually the youngster is incoherent.

It doesn't do much good to ask, because if they say one thing, it could be three of something else. So, we ask for blood and urinalysis, in which case I have a more definitive idea as to what has been abused in order to invoke the school policy.

Our school is a conservative school as far as policy is concerned. We include suspensions and expulsions for significant abuses of drugs and alcohol. We do not permit it and will suspend and, if need be, expel for possession of drug paraphernalia, such as Mr. Olds showed here.

So, we are conservative. We have strong support from our board of education. It is the adopted policy of theirs. In 5 years I have not had difficulty in pursuing those goals.

As far as needs, I think the communities have to understand that we have tremendous problems which eventually may lead to abuse of alcohol and drugs, and that in itself is an additional problem.

The youngsters which we have dealt with—and I only deal in general circumstances with those who it has become a problem with and who have their schoolday affected by behavioral difficulties—a significant number of our youngsters come from broken homes, one-parent or two-parent with stepparent is involved or, in some cases, two parents who, as John Olds indicated, may have a weak father figure.

So, I think education becomes not necessarily education of the kids, although that is an integral part, but education of the parents.

In getting back to knowing what your child is doing, where they are going, who they are with, and getting parents in a position where they no longer are afraid to go and say, you cannot participate in that, or you will not go there because there will not be chaperones or because there will be beer there, these are the things we have to do.

Second, we have to provide more rehabilitative programs for the identified abuser. At what scope or what level, I don't know. I am not a medical person, so I don't know what that level ought to be.

We have a number of abusers wandering around. These gentlemen indicated friends of theirs were still doing it. They probably didn't have the benefit of being caught doing something illegal; therefore, they are left around in society when there are some programs that can be of benefit but are not invoked.

I think we have to actively pursue legislation which is in effect relevant to alcohol. Kids know if you go to the right place in Lima, Ohio, and put your money up on the bar they will not ask for your ID, they will hand you the six-pack and you are going to walk out.

I think the carryouts know that if perchance they are caught, it is going to be a short-term closedown and say don't do that again. More legislation won't do much if we pursue the problem the same as we have the alcoholism problem.

Head shops and thing which outwardly flaunt what I consider a real serious social problem, some States made them illegal. I think we have to take a look at that. If you provide that youngster who had several bong pipes, and roach clips, and things and he just had them, he thought they looked neat, well, anybody who swallows that is crazy. He has them for a reason. He had used them to smoke marihuana, and if he no longer intended to smoke marihuana, there was no reason for him to continue to have them.

So accessibility of information, the magazines, and those types of things create a real problem for us. We have to address ourselves to not whether those business people have any kind of guaranteed right to be in business, but I think we have to look at the larger problem of what does that mean and what does it provide for our youngsters.

I guess as a general statement those would be the objections I have.

Mr. OXLEY. Thank you.

[The prepared statement of Mr. Rumer appears on p. 103.]

Mr. OXLEY. I was wondering, what is your experience in the area of Allen County? Do most schools provide drug education programs of some sort?

Mr. RUMER. I think most of the high schools provide it through the curriculum of health. I am not aware of any that specifically identify the course of study as drug education.

I would certainly agree with Mr. Buroker in terms of a target group kindergarten through eight is probably more likely of a place to attempt that drug education because of the fact that by the time they reach high school, many of the youngsters have made the decision and are well into abusing substances, whether it be alcohol or other drugs.

So, in order to make some impact, we have to begin at a very early age when they are able to understand certain concepts and build from them so when the decision time comes on their personal level, that they have available an amount of information as to why not do something.

Right now there is a lot of information put out by peers as to why you should do something, smoke this reefer, take the pills, that makes you feel good, you forget your problems. But when somebody sees it is not good for you, that is the end of the story.

I don't think they buy that. They want a more definitive thing. If you can show them that, I think they tend to react.

The Reader's Digest has been running a series of articles on marihuana, its effect on sexual impotency and effects of deterioration of brain cells, that type of thing. There have been a number of articles which indicate marihuana is not all it is cracked up to be and is a difficult thing physiologically for people.

That has an impact on the user of marihuana, but there is not enough good research, not enough positive information is available to deal with the problem, saying these are concrete things which will happen.

You have to make inroads to the youngster who is saying dad is beating mom every night, I can't stand the screaming of the brothers and sisters and I will get high and it helps me out.

Mr. **Oxley**. The bottom line is it is an escapism?

Mr. **Rumer**. The abuse is an escape mechanism, yes; in the kids I have dealt with.

Mr. **Oxley**. We had the opportunity to meet with Ed Meese, the President's Counselor, about 1 month ago, the committee did. We discussed the education aspect of it; in other words, what is the other side of the coin to getting high? That is the potential physical and emotional problem.

One of the things that he is very much interested in, and they are working on from the President's Task Force on Drug Abuse, is the ability to portray that message on television. Whether we like it or not, television is a very, very powerful medium in this country.

One of the things that the President wants to do is to work with the advertising council to get very effective anti-drug kinds of advertising on television. We do it with smoking. It is interesting to note, and Mr. Meese pointed this out, that most kids know the dangers of smoking today more than they know the dangers of drug abuse because they see it on television all the time.

That is the basic theory behind what we are trying to do. We are trying to push the advertising council to get that message on.

When I was a kid I can remember various public service spots that would come on—"Smokey the Bear," prevent forest fires, prevent heart disease, and lately it is an ongoing program through the medical association and others. It seems to me that is a very, very powerful medium that we have long ignored in getting the message across to young people.

Interesting were some of the comments that these youngsters made about the downside of drugs and how that affected them. That kind of message, particularly if delivered by their peers, has to have a strong, strong effect on potential drug abuse among students.

Mr. **Rumer**. I think fundamentally anything done in the national education area or State eduation area, advertising on the media, particularly television, certainly would have to be counted as one of the most successful approaches.

Political parties do a good job of selling candidates on television. On Saturday morning you have the Fruit Loop group and all those, and they have done positive things in that timespan because they know they have a captive audience of young people relevant to health and brushing your teeth.

I see no reason why that would not be your primary function to start any kind of a campaign. A dollar spent in that kind of advertising, in 4 or 5 minutes of graphic information, especially with a young child who tends to be attracted to the television on Saturday morning or whenever, would be very well spent money if in fact we were going to commit ourselves to doing things which may attempt to bring some of these things to an end or at least to slow down the sort of dismal future.

John is an optimist, but some of these kids who are not getting help have a dismal future, if any at all.

Mr. **Oxley**. It gets us back to your comment that we have to recognize the problem and deal with it head on.

Mr. **Rumer**. Admit we have the problem, yes.

Mr. **Oxley**. Then make the effort on the educational side.

Mr. **Rumer**. Public education in the public school is not very easy. It is not easy for any of us, particularly superintendents and boards of education particularly. If you admit you have a problem, then you have to answer a lot of questions to the media and you have to answer a lot of questions to people who don't want to hear that you have a problem because every parent you talk to would probably tell you it can't be my kid, it must be somebody else's kid. So you have 800 youngsters in your high school and not one parent recognizes that it is their child.

As John indicated, you meet a certain amount of antagonism from parents. Depending on what parents it is, you meet the possibility of litigation.

Teachers are more knowledgeable today than they have ever been in terms of identification of youngsters who are high. However, I think they are very, very reluctant to do anything because it is so impressed upon them that you may end up in litigation.

It is easier to say if John sits there high, doesn't disrupt my class and gets up when the bell rings and walks out and he doesn't pass out and he doesn't die, then I am not going to contest it because I don't want John's parent, who is an attorney, to bring suit against me for some kind of a statement I said, some kind of thing I did, because I sent that kid to Mr. Rumer's office and Mr. Rumer felt there was something wrong with him and we sent him to the hospital and come to find out, he is on allergy medicine.

But in terms of legislation, child abuse is very definitive in the State of Ohio. If a teacher suspects child abuse, they are obligated to report that, and they are protected. But it is a full protection there.

You don't have the same protection as a faculty member. I think faculty members tend to, if we don't have any real upheaval, well, just let it slide by. So kids, I think, in most schools they know the limit they can go to. They know what they can do and they stop just short of creating the real problem.

Some of them don't use good judgment. We had, as late as 9 days before school ended, two young men who consumed better than an entire fifth of Jack Daniel's in less than 30 minutes. I have a feeling one of those boys consumed the lion's share because we had to carry him out.

Frankly, I was deathly afraid of the possibility alcoholic poisoning had set in because by the time we got him out of the building, he was nothing but 215 pounds of limp rag.

Mr. **Oxley**. They consumed this on the school premises?

Mr. **Rumer**. On the school premises, the first time we have ever known of it. They got it from the Ohio State liquor store, but they found a wino going in and they said we will give you a couple bucks, you buy us a fifth. So it cost them $12.50 instead of $10.50.

One boy brought it to school in his gym bag, found another boy, said I got a fifth. They got out of study hall ostensibly to go to the library, but instead went to a stairwell and as close as I can tell, in less than 30 minutes, or 32 minutes, consumed the entire fifth of Jack Daniel's.

We used this as part of the disciplinary thing that in order to take their final examinations, which since we are so close to the end of the year—both were fairly—one was average, one is a little better than average student, and I would hate to see the entire school year be broken up—but we required them to show proof that they enrolled on a voluntary basis in the Allen County alcohol abuse program through the Department of Health.

Mr. **Oxley**. Thank you for your testimony.

At this time we would like to call a panel from the law enforcement community. Sheriff Richard Petty, Richland County Sheriff; Major Charles Brereton, Richland County; Sgt. Ron Monday, Findlay Police Department.

Thank you again for taking the time to be with us for the hearing on the drug abuse problem, particularly as it relates to our schools.

I know all of you in law enforcement are interested in that and specifically how it affects the students.

If you do not mind, we will start with you, sheriff, and you may proceed.

TESTIMONY OF RICHARD PETTY, SHERIFF, RICHLAND COUNTY, OHIO

Mr. **Petty**. It has been very enlightening listening to the students who were users and students who were pushers of narcotics. It has been enlightening to listen to the school administrators to let them realize that we do have a problem; it is enlightening to realize we have help in Washington, D.C., that now we recognize nationally that we have a problem in the United States with drug usage.

One of the first things I would like to comment on is the young man who made mention that he could make more in 1 day selling drugs than he could working an entire month at minimum wage.

My feelings have been for a long time that we are not in a recession in our country whatsoever, it is merely that organized crime and moneyed people have diverted the amount of money available to your youngsters; the amount of money available to teenagers up to and including people 25 to 30 years of age, that they are diverting spendable money into areas that are not taxes, not controlled, not regulated, and yet we have a problem because our society has to take care of them in institutions after they blow their minds.

I believe in strict enforcement of the drug laws. I believe in strict enforcement, period.

One of the problems that we have is that there are all kinds of Federal programs, State programs, for different police actions to drive up and down the street and run radar, they run the radar in front of houses dealing in narcotics, they run them in front of head shops and what have you, yet the funding is not for drug enforcement. It is strictly for traffic enforcement.

We come out in a twofold problem: We have alcohol and drug abuse as one of the greatest causes of traffic accidents and fatalities in our United States.

Education, I think, is one of the more important items in the State. We need to educate the parents on what a child looks like when he is high and we need to educate our teachers and our school administrators on what a student looks like when he is high so they can do something about it.

A lot of them do not realize the problem that they have on their hands and it is so easy to ignore it.

The next item I would like to approach would be the definite need for a statewide task force on narcotics. One of the biggest problems in law enforcement is that it is such a piecemeal, hit here, hit there approach, that it is not effective.

According to where most of the drugs come from, the marihuana that we have talked about and you have listened to all morning, most from Mexico, Colombia, Hawaii; however, it comes into the United States not through Richland County, not through Mansfield, Ohio, but through other States and is transported here where there is really no concentrated effort to control its movement.

There is no concentrated effort to even realize that it is coming in today. Yet, it is a multimillion dollar problem in our country.

We need—one of my recommendations would be we need a statewide task force on narcotics. Then to control the entire United States you have 50 groups of people to get together, exchange ideas and provide the enforcement.

You do that instead of who knows how many police departments and sheriff's offices throughout the United States that are making a sometimes good attempt and sometimes no attempt whatsoever.

The imaginary boundaries for villages, States, and so on, are a real problem in law enforcement. Thank you.

[The prepared statement of Richard Petty appears on p. 109.]

Mr. **Oxley**. Thank you for not only hosting us here, but testifying as well.

TESTIMONY OF MAJOR CHARLES BRERETON, RICHLAND COUNTY, OHIO

Major **Brereton**. Thank you very much.

I would more or less reiterate in general what the sheriff has just spoken about. I will go a little beyond that, however. I have a broad experience in narcotics enforcement. I go back to New York City with the New York Drug Enforcement task force.

Mr. **Oxley**. I thought I recognized your accent.

Major **Brereton**. Just cannot shake it.

I see—about the only difference between here and New York, and I was quite shocked about it, is in kinds of drugs; the degree of use is similar.

We like to say here we have an epidemic in our schools. I go around personally to the schools. We have a strong law enforcement program, I will touch on that first.

But we have a good law enforcement program, but as we realize both here, in the East, DEA and the agency trying to combat it, we are lucky if we get 10 percent, and that is a good year. The other 90 percent is coming through and it is being dispersed.

We have a strict enforcement program in Richland County, but we still rely as hard as we try on it, but we are getting only 10 percent of the stuff coming through.

In the schools we talk to the children from grades six on up, and we have a program whereby we run and give talks, on an average of five or six talks a week, in the various schools over the school year, and we start and hopefully the school will invite us into the sixth-grade level before the child goes to junior high. We did this on advice of the high school students who we asked when we should start, and they recommended the sixth grade.

We find going around that the ignorance on the part of the teachers and the parents is tremendous. As the sheriff pointed out, they do not know when the kids are stoned. I have given talks in high schools with kids stoned right in the room while I was giving the talk, and tell the teacher about it and either through apathy or ignorance, it was ignored.

If we can get to these kids in the sixth grade and start talking to them at that time, before they get to the junior high school, and before they are won over to use of drugs, if we hit them in the high schools they are into it. the junior highs they are trying it out.

So our only hope is at that sixth grade.

We have to educate the teachers. We are asked to go into schools and give such talks but all too often it is a case of, well the period is over, we have to go home.

They have to be shown in general, you get a few teachers in the school who know what is going on. The vast majority do not know. They cannot even identify the problem. Parents are the same way. We just recently had a parent whose son could do no wrong, and the kid was stoned in front of the parent and the parent did not realize the child was stoned. We did not have the child on a drug-related case. It was something altogether different.

So the parent did not even know what was going on. We have children telling us, students in high school, that they can sit at the dinner table stoned in front of their parents and the parents do not recognize it.

As far as alcohol abuse, we do not see much in Richland County. We do not have the DWI rate that would indicate it, but we have a heavy alcohol problem. It seems to be drug related.

To get back to the education of the teachers. I have gone into a sixth grade class and it might have been pointed out just earlier with one of the teachers, and I am not attacking his testimony, but he held up a box and said it was a box that they hide their drugs in. It is better known as a stash box. I was in a sixth grade class where a child asked me were roach clips legitimate.

Mr. OXLEY. You mean legal?

Major BRERETON. Legal, yes.

The Supreme Court came out with the ruling that gives us in law enforcement a chance to go after these shops. Unfortunately, Ohio has no law against them.

So as part of the talk with this class, I brought up and started to throw terms and names of drugs on the street, purple microdot, stash boxes, roach clips, and asked for a show of hands to see who knew it and without fail, every child raised their hand; there were about 100 children.

There were four teachers in that class and we had to stop and explain to them what we were talking about. They did not know what we were talking about.

I am not knocking them, because they and we are from another generation. We did not know. I know it because I have been in it so long as a law enforcement officer.

They have to be told. They have to be shown. They have to be told what the problem is. The kids want to be told. They want us to go in and talk to them. We have had tremendous success in talking to these kids. We recently had a David Toma in the county, a few of the organizations brought him in. The success was untold, fantastic success with the kids.

The kids want to be told that they are doing wrong and they want to see what the pitfalls are with drug abuse. When it is shown to them in a tough way—we have a film that we get permission from the parents and the school before we show it to them, that is quite gross in parts. But it shows them just what they are going into down the road, what they face.

So we need more of a community and especially in the schools in the community we in law enforcement need more of an open door policy, because we run into problems with certain schools not even having us in there. They are covering their problem. They know it. We know it. Unfortunately their community knows it.

The one case, I have two students in one school who want me to go in and talk, and we have never been invited.

So we see it as again a two-pronged approach, law enforcement very strict; and a good educational program using law enforcement to go into the schools and talk to them. Not from the law enforcement side, but from the knowledge point. We know what is on the street.

I will end with those remarks. Thank you.

Mr. OXLEY. Thank you so much, Major.

Sergeant?

TESTIMONY OF SGT. RONALD MONDAY, FINDLAY POLICE DEPARTMENT, FINDLAY, OHIO

Sergeant MONDAY. I have a prepared statement; I would like to summarize from the statement.

Before I do, I have been a policeman over 10 or 11 years and I am probably the youngest at the table as far as years of experience.

Most of my experience has been in a plainclothes unit as a juvenile officer dealing with problems of juveniles and youth, or as a supervisor of a plainclothes division which would, of course, include juvenile officers and the narcotics unit.

What I have done is talk to our juvenile officers and told them, of course, I was going to be here today. I also went to our drug enforcement unit. I said I was going to be here today.

I expressed to them what I was going to testify to, and asked them to give me specifics and they did, and my statement is prepared with those specifics.

I have not addressed the issue of alcohol abuse. That to me is a totally different subject and should be segregated from the controlled substance abuse.

What I am going to speak of here today has to do with the controlled substances.

I categorized the drugs being abused in the Findlay-Hancock County area. They are in no particular order as far as drug of preference or quantity. However, they are the drugs that we in law enforcement are seeing. They are marihuana, hashish, LSD, cocaine, phencyclidine, Quaaludes, amphetamines, and barbiturates. And the seventh category which is not terribly critical in our area, are all other dangerous drugs.

I would like to talk briefly about each of the areas if I may.

We find marihuana use widespread as does I am sure every other area of the State and country. Marihuana has found its way into nearly all age groups and social circles in our area. Much of our marihuana comes from out of State, at least maybe out of the country, Colombia, Mexico, California, and Hawaii. In the warm months in Ohio, we found homegrown marihuana, but there is not a lot. Most is still imported.

We find that a common practice among our youthful marihuana users is to buy a quarter pound, split it into four bags, sell three bags, keep the fourth for himself as profit. That is his profit from the sale of the three. He is supporting his own habit with no cost to himself.

We find the youth selling the joints at the high school. For $1, $1.50 a joint. Thus they make a profit from the drugs so they do not have to purchase for themselves.

Another alarming statistic that we find about marihuana and users of it, since it is so difficult to detect, it seems to be considered a safe drug to use by persons operating a motor vehicle.

We have seen many serious accidents caused by a driver being under the influence or suspected of being under the influence of marihuana.

LSD, or acid is in our area. It is in large proportions. We hear about this drug daily. It is a highly abused drug among high school kids in the city of Findlay.

Findlay in fact is so well known for its LSD, that the head of the Ohio Regional Crime Lab dubs it "Acid City". That is a tough label to be put on the town. That is what we are known by other law enforcement agencies as far as 60, 70 miles away. So there must be some truth to it.

This drug we find is coming in from different sources, but it is coming in through the Mexican-American community, through connections they may have in Texas and Mexico.

In Findlay and Hancock Counties, the use of cocaine is growing daily. The cocaine that we have seen comes from Colombia in many cases. Since the cost of this drug is usually high, it certainly limits the customers. It is not being widely abused among the high school youth of our city.

Right now, cocaine is probably the drug of choice among those who can afford it in the business community of Findlay. We have not seen many juveniles use it, although we have seen them in the high school system being runners for the drug. They get a small portion for dealing with it. Some of the thoughts among adult pushers of the drugs is to have the juveniles work with it because chances are less that bad things will happen to the kid if caught.

He will go through the system, probably get probation and that will be all.

We are seeing phencyclidine, PCP, angel dust, whatever terminology, it is an extremely dangerous thing, we are seeing it consistently but not in large quantities. It seems to be a drug used by the young bar crowd and somewhat in high-school-age groups. The problem with this drug is that it is really an easy type of drug to make yourself. It is not difficult to make and of course, if you have the chemicals you can make phencyclidine yourself, and the profits are very, very high.

We are seeing increases in Quaaludes or "ludes" as known by the youth. The rise in use of this drug is alarming. We are turning up more and more. They have not worked their way deep into the school system but at the rate of their use in our area, we feel it is only a matter of time until they do.

Many of the users of this drug like to mix it with alcohol, which is dangerous in and of itself, especially when operating a motor vehicle. This drug is coming from out of State.

Amphetamine and barbiturate use is down over the past years. We are not seeing as much of that.

We are seeing a lot of counterfeit amphetamines and barbiturates, especially the counterfeit speed. It has been talked about before. Counterfeit speed or the look-alikes is a real problem.

How we deal with it, I am not sure. I do have ideas. All I know is that it is a problem. Maybe we need a better law to deal with the selling of purported drugs.

Maybe we need more substances classified as controlled or scheduled. I do not know. But there seems to be a real problem with the look-alike drugs.

The last category is the dangerous drugs such as heroin. We come across heroin but not often. Our drug unit of 3 years has only come across heroin once. It was during the arrest of a college student at Findlay College and that is the only time we came across it.

In summary some may ask, do you have a drug problem in Findlay, and the answer is obvious, we do have a drug problem. Maybe it is not unique. It probably is not. Other cities with the same social makeup have the same problems, but we have a drug problem, yes.

I feel that we are working hard to overcome the problem. We have an effective drug unit doing a good job, I feel. We have normally adequate budget to handle this problem.

One of the big problems I do see is there are surrounding areas where maybe they do not have the budget and maybe cannot handle it manpower-wise as we do, and I believe that we are effective. With the drugs still being sold, and used, and abused in large quantities, it is certainly still filtering in Findlay. You could have a sterile community, but if it is still all around you, you still have the problem there.

I would like to address specific proposals that we in law enforcement would like to make, and problems we are experiencing in enforcement of the drug laws. We would certainly like to see stiffer drug laws for both trafficking and possession of marihuana in Ohio.

Right now in Ohio, possession of marihuana, a small amount, is only punishable by a fine. It is very difficult to deal with these people who we apprehend with small amounts of marihuana.

We can deal with people looking at many, many years in prison and plea bargain and plea negotiate, and hopefully get to their source. If a person we bring in knows the worse he has looking at him is a $100 fine, chances are if we try to make a plea arrangement with him, or not file formal charges if we get his supplier, chances are he will tell you no. He has nothing to lose but some money.

I believe the possession of marihuana should be nothing less than first degree misdemeanor, which means a person is subject to 6 months in jail for possession.

If a person knew he had 6 months to serve in jail for possession of marihuana, he would probably be more eager to cooperate with law enforcement to get to his supplier. If he had a chance of not doing the 6 months, of course.

We would like to see a law prohibiting drug paraphernalia. That has been mentioned before.

A big problem we see, and it has not been mentioned, is that we need greater cooperation between local law enforcement and the Federal agencies such as the Drug Enforcement Administration. What I am about to say is not a blanket indictment on the Drug Enforcement Administration; however, we have had bad experiences with them, and I only feel honest to mention the experience we have had.

We have tried to gain their cooperation only to find out if it is not a headline-making case, they are not really terribly interested in dealing with us. We are a small city of 34,000 to 40,000 people. We would not be making headlines in a case that we call them for. They will promise you the world but in a few contacts we have had with them, we have had the best promises in the world, but we have not had any results at all.

Maybe there is a problem with their budget. Maybe that is something that can be corrected, I do not know. Maybe I am not being fair. Maybe I do not realize what the problem is. I only know we are not getting cooperation that I feel we should be getting.

We would like to see more cooperation between the school systems and law enforcement agencies. I believe the major mentioned it a few minutes ago.

It would be beneficial to us to know the youth within the school system who are being dealt with by the school administrators for dealing in drugs. I can only guess we are not receiving all this information. Again, it is not our goal to go on a witch hunt to see how many people we can file charges on, especially juveniles. However, we do need the information as to who has possession, who is trafficking, to have a possibility of getting to their source, and then working on up the ladder to the sources.

I am not sure how this could be ordered other than to have legislation which was alluded to before about the child abuse statute that forces school administrators to report suspected child abuse or be in violation of the law if they do not.

Last, we would like to see a change of attitude in this country toward drug use. This can only be done through education.

This should begin with elementary school children and continue through adult education.

It was not too long ago that it was mentioned that parents would like to have some education in drugs themselves. The kids know more about it than the parents. They would like to know what marihuana smells like. What the hash pipes look like, roach clips, what the drugs look like.

Not too long ago I took marihuana plants out of a house and the mother in all honesty was told by her child that they were tomato plants and she believed it. She had no reason not to. She said I never saw a marihuana plant, so how would I know. He said he was growing tomatoes. Why would she not believe him?

People need to adopt a hard approach about drug use and sales. I think through situations like this, through the Congress, I think through local forums which Findlay has started, I believe that this is a start. But I believe there is some legislation needed and there is education needed, and I believe a hard line should be made.

One area I did not cover, and I should, is that with a juvenile, with a young person in Findlay who may be dealing in drugs, our juvenile court has a difficult time dealing with them. We have no place in Hancock County to detain or lock up a juvenile. No place at all.

The State systems will take juveniles into institutions if certain requirements are made, such as felonies, and there are other requirements that have to be met.

We have no place. The word among the youth in the county is that unless you do thus and thus, the worst thing they can do to you is put you on probation.

We need a juvenile detention facility to get the attention of the juveniles. I believe this is important.

If you know that there is no certainty of any punishment for the crime, it is going to be easier for you to do the crime.

Thank you.

[The prepared statement of Sgt. Ronald Monday appears on p. 112.]

Mr. Oxley. Thank you, Sergeant Monday.

If I can pursue your comment about DEA and your experience. I wonder if you would care to comment in regard to what your situation is in Richland County?

Mr. Petty. Our situation is not similar to theirs. We have had good cooperation. We have—maybe it is a regional area that the problem exists. We have been fortunate.

Mr. Oxley. Where do DEA officials come from that work in this area? Is it Cleveland?

Mr. Petty. Yes.

Mr. **Oxley**. For the record, there has been a major reorganization in DEA which will be continuing, which will eventually bring the DEA totally under the aegis of the FBI. Currently Francis Mullen, who had been Assistant Director of the FBI, is now entirely in charge of the DEA. There have been major changes and there will continue to be changes in DEA.

I think that is good news for law enforcement in general. I think you will see changes start to develop.

One other question: In regard to Sergeant Monday's comments about the sale of drugs in the junior highs, who is selling those drugs in the junior highs? Are these high school students that perhaps have a sibling in junior high? This is not the bad guy drug pusher that you see in the movies coming down and selling his stuff to junior high students, is it?

Sergeant **Monday**. It is not my experience that it is, no.

It is like you mentioned, it is either somebody who has a sibling in the junior high or somebody who recently left that school and goes back to make a few quick extra bucks. It is not the major drug dealer that is going to the school.

Mr. **Oxley**. Is that your experience?

Mr. **Petty**. Yes, and to add one further comment to that, we are experiencing numerous occasions where parents and children are both dealing in high schools, the students start in junior high and the parent is the pusher and also pushes along with him the different school functions and what have you.

Mr. **Oxley**. The parents?

Mr. **Petty**. Yes.

Major **Brereton**. The parents are feeding the drugs through their children into the schools. We have active cases at the present time in this county in that area.

Mr. **Oxley**. Have you had that experience at all?

Sergeant **Monday**. I have not noted it at all. No.

Mr. **Oxley**. I hope that is an isolated situation.

We thank you for your testimony. Thank you very much.

Mr. **Petty**. Thank you.

Mr. **Oxley**. Our next witnesses are in the area of treatment. First Mr. Phil Ward, Allen County Health Department; and Jack Miller, Hancock County Alcoholism Council, Findlay.

Mr. **Oxley**. Thank you for coming, and Jack, you could start off, and we will go to Mr. Ward.

TESTIMONY OF JACK MILLER, HANCOCK COUNTY ALCOHOLISM COUNCIL

Mr. **Miller**. Thank you, Mr. Oxley. Thank you for the opportunity to be here.

We are proud of you, of course, and glad that you are here for this hearing.

Mr. **Oxley**. Thank you.

Mr. **Miller**. I want to stick to the prepared statement because of the time and because much is already discussed. The Hancock County Alcoholism Council has been in operation now over 6 years in Hancock County, and during that time we have dealt with people, 700 approximately, whose lives have been affected by alcohol and drug abuse.

So the comments I make come out of the impact that those people have made on us as well as being involved in community education and prevention programs in the schools and different organizations in the county.

We have come to perceive at least these issues that I would like to list as a matter of record. The primary drug abuse in our county continues to be alcohol, however the second most prevalent drug of abuse is marihuana, with experimental use beginning now primarily in grades four through six. These grade levels are where kids begin to experiment with marihuana.

Also, we have observed that the abusive use of alcohol and regular use of marihuana is standard form of socializing for a large majority of our high school kids. Marihuana also is used along with alcohol in socializing for many of the age 30 group of young adults.

Stimulant drugs which have been popular in the past in our area are still sought, but the quality, unless it is a prescription drug, is relatively poor and usually ends up a substitute that has been alluded to which is called the look-alikes.

Minor tranquilizers in our area are popular and youth are getting hooked on prescription drugs like Valium, or serax, or methaqualude, and these they obtain by and large from prescriptions sold on the street or else from medicine cabinets in their own homes, or else bootleg, or street market.

As far as LSD and PCP, these are still drugs of choice for some of our young people, but it appears that PCP is on the decline.

We are told by some of the young people on the streets that their perception is that acid quality is up when available, but when it is available it goes so quickly it is not on the streets that long.

We have the feeling we are only scratching the surface of this issue. The work we do in both prevention and treatment, is limited not only by the time and staff but by money and other issues.

We are more and more convinced that this problem which we perceive to be really one of the No. 1 public health issues facing our Nation today, is becoming very much a part of our culture as has been alluded to earlier. This has to do with the impact of television on our culture which consistently promotes drug and alcohol use in advertising and programing.

The entertainment industry along with TV portrays drug use and abuse in song and theater as an acceptable part of the American lifestyle, so that it becomes ingrained in our culture.

Our feeling is that this committee, as it explores and tries to deal with this issue, might provide the impetus to move Congress to act more decisively in addressing the problem both legislatively as some of the law enforcement people have suggested, and financially.

Funds are needed to provide treatment for those affected by chemical dependency but they are needed to provide programs directed towards prevention of chemical abuse.

So we would hope that Congress might take seriously the studies that have been made already to show the impact of television on our culture and on our attitudes and use the legislative process if necessary to either deal with the constant advertised suggestion that beer, wine, or pills in whatever form are the way to the good life and the way to solve all your problems.

We would suggest first of all—that, if we do not face up to the impact of the media, especially television, on our culture, and how subtly both through advertising and programing it affects our attitudes, we will never take any efficient steps to try to counter that by providing information, education, related to the adverse effects of alcohol and other drug abuse.

We would suggest on the basis of our findings that the committee consider such things as suggesting that school systems provide mandatory training services for teachers so that they can learn, as part of their curriculum to understand, identify and deal with the chemical abuse issues that they face in schools.

We encourage the Government, especially on the national scene, to use its resources to promote public understanding of the facts about chemical abuse and what can be done to help those who are affected by it.

In closing, I just want to commend your committee for addressing this issue and wish you success in your efforts to understand the scope of the problem and how it might be addressed.

[The prepared statement of Jack Miller appears on p. 117.]

Mr. Oxley. Thank you.

Mr. Ward.

TESTIMONY OF PAUL WARD, ALLEN COUNTY HEALTH DEPARTMENT

Mr. Ward. What I am about to say is based strictly on our observations from the alcohol and drug program that we have run in our health department which is in the city of Lima and in the city of Delphis and the surrounding communities.

I am also the director in Auglaize County of the divisions of alcoholism and other drugs for that county.

During 1980 when we really got into the business of dealing with youth and alcohol and drugs, prior to that point when we saw youth, it was primarily via the family, an adult member came in for outpatient treatment. Any time we treat for alcoholism or drug addiction we are talking total family treatment.

Due to mostly us learning and changes in society, we knew it was time to get into the youth business. We started this alcohol and drug program and we have had 2 years of existence, and we have dealt with 103 youths in 1980 and 165 youths in 1981. So we are talking about 268 youths in total.

Before I start, just a brief overview on the program. The program really is not designed to treat. It is an intervention program. The school systems and juvenile courts use it when they have found somebody has committed an offense and they were under the influence of alcohol or drugs, or were having problems in school, and if they are able to narrow it down to drug-affected behavior.

The purpose of the program is to give a thorough education, to provide affective education, self-esteem tools, and really hit the situation to find out what they are using and how severe the problem is. Diagnostic workup, once completed, and after 12 hours of group work we try to make a recommendation on what should be done from that point.

What we have learned in those 2 years have really made us do a lot of changing in our own thinking in terms of what we thought it would be in the way of ideal youth treatment.

What caused us a lot of concern, because it is so different from treating the adult addict, the first thing that seems to happen with the youth is the basics of preventive health, proper diet, exercise, rest. Sometimes personal hygiene is the problem. They all deteriorate.

We assume this leads to lowered self-esteem. Usually the cocky behavior we see is a front. There is low self-esteem there. Coupled with those problems, the emotional problems are really the most frightening aspect, and what we notice is almost maturation retardation. The first time this happened, I came back to the area, and this was the case of an adult, 27 years old. I started out as a counselor prior to being promoted to director.

He came into the office one day and he was talking about a girl having his class ring and now she thinks we are going steady but we are not.

I thought that was an odd statement for him to make. I had no idea of the cause. But after 2 years of dealing with youth, we have noticed fairly consistently, I would say in 90 percent of the cases, we have documented evidence that some of these people are 18 and 19 years of age with a behavior of a 12-year-old.

What we assume has happened is that as painful as adolescent years are, if you do not take your hard knocks when you go through those years, if you go through in a drug-induced stupor, you are not maturing and not learning. This has been consistent in what we have seen.

All their physical and emotional aspects combined lead to serious apathy among an adolescent drug user. Apathy to the point they feel they do not care what happens to themselves, their family, their school system, or society in general.

The areas of life that adolescent drug users touch is all encompassing. I will reference this more when I tell you what we did as a result of what we have learned in the last 2 years, but in 100 percent of the cases of those 268 youths, they all encountered some problems with in school as a result of their drug use. The majority of those youths came from the juvenile court, some of the school systems, yes, but most of them came out of the juvenile court.

I cannot help but believe if things were properly in perspective in the school systems, they should be able to detect this prior to getting to the point where they have committed an offense.

For the family this is really a serious situation. It does not really matter if it is an adult addict or youth addict. For youth it is a little more severe because in 95 percent of the cases when it is youth, by the time we get the youth he is in control of the family, the parents are no longer sitting on top of the situation.

That obviously has to be undone. It just cannot continue.

I was recently reading about the rise in incidence of rural crime and 75 percent of the youth—201 of the 268 were involved in criminal activities; 95 percent of them, 191 we do not feel—having worked those 12 hours and sometimes recommending further outpatient care—would have committed that crime had they not been under the influence.

The pattern of drug use and abuse has remained consistent over the last 2.5 years in this order, alcohol, marihuana, stimulants, Quaaludes, and hallucinogens. However, the one thing I did not hear in the testimony was of the 268 youths, alcohol in 99 percent of the cases was serving as a base drug. That was taken and whatever was wanted and accessible was added to it.

We have not had a singular drug user through that program. That makes it a difficult ball game, too.

When you are talking alcohol and combining it with other drugs, it is a more serious problem and does more dehabilitative damage.

The end result of what we have seen is that we have a different type of person to treat because of the age. Due to the mixing of the drugs, the maturity level, and apathy, they are much harder to treat than adults.

I think that is because the adults, and this is slowly changing, too, but most adults began using at a later age. Their maturity level was able to come to terms at least to the point where it was not so severely noticed when they were in the process of rehabilitation, in youth that is not the case.

Based on what we saw, we realized more needed to be done. We decided that the Bluffton survey was a good start. A little on that, though.

What we did was in April 1981 we went to the Superintendent's association as a group and collectively asked them to participate, which Mr. Buroker mentioned. He said you have it, check it over, Wright State University has agreed to analyze it free of charge by computer.

They turned us down as a group. They were afraid of complications from getting it out to the public and knowledge coming back to the schools and saying why are you not doing your job?

I was not that surprised but when we went back to the office, Chuck Buroker called, and conservative Bluffton agreed to do it and that is why we did it. The reason we did it was to raise community awareness of the problems so no school system or community would have the opportunity to say it does to exist in their area.

Also we want to know if there is an area in the two counties due to the limited staff that we need to concentrate harder on. I know it would be difficult to release something like that for public knowledge, and we would not if the school system chose to, though that would be another matter.

Also we wanted to know about trends, perceptions, exactly how they feel about what they are doing. Based on that we are able to say, we feel what we viewed in terms of adolescent chemical dependency, the answer is not treatment. You have to treat them if they have the problem, but for future years somebody better be doing something about trying to prevent it.

You look at the treatment facilities that are dedicated to adolescent treatment and we are not doing that, but the ones that are, it almost becomes comparable to a religious cult. It has to be replaced with some discipline or program, and you are talking long-term and such an exorbitant cost for adolescent treatment that it is an infeasible proposition.

I think a lot of that has to do with the maturation retardation.

The best modality of treatment for adolescent treatment is halfway houses. They are longer term, more concentrated, they are out of the home, out of the society, and they can be watched 24 hours a day.

Being that you have to treat the ones that have the problem, these things need to be accessible. We have no accessibility to halfway houses in this State. There is one in Mansfield, if I understand correctly it is combined with the adults and it is strictly men.

So our youth alcohol and drug program in the health department, we get to the end of it, we have five kids severely addicted, needing treatment, needing a halfway house, and we have nowhere to send them. It is like beating your head against the wall.

It is not a pleasant situation, but in all honesty, I do not think it is the answer. I think there should be at least accessibility within a 400- or 500-mile radius, maybe even 200 or 300 as I say in my testimony. Even in the State somewhere.

Prevention programs I do believe are essential. We wait too often for problems to occur before we do anything about it.

In too many cases, not only in drugs, but we are not tackling the problems before they occur.

Our recommendation would be that public health departments have health education and prevention programs combined. I hear a lot about drug education sounding like it is the answer. It is a component but it is not enough.

For preventive health education, you need the information but that will not prevent use. Media influence would help, yes, but from what we have seen it takes more, it takes affective education which has to do with self esteem, how good you feel about yourself, inter and intra personal skills, knowing yourself and how to communicate those feelings to where you are not succeeding in by different situations.

You need values clarification, understanding what it is you want out of life.

Impact on environmental change, probably one of the most important things; yes, they have to feel the consequences for their behavior, but too many parents are not doing this; too many schools are not doing this; too many judicial systems are not doing this to their full advantage.

Also, you need the proper role models and that is where the children come in that have not received parental education for impact on environmental change. We tried this in November on a small scale. We asked for 8-, 12-, or 13-year-olds from the school systems in the two counties. Eight students from each. We have 26 middle schools, we ended up with 194 participants with at least 8 students from each school, with the exception of 2 school systems.

We took them for a weekend, we did not use just people in drug and alcohol education. We used those experts but we used people that knew about values clarification, peer pressure, how to listen. The other part was environmental change. We had a principal come in to talk about how to approach school administration. We had a lady do a program on how to make and organize a bulletin board.

The kids were required for the next year to spend an hour per week for 1 year doing all of these different activities in their school systems. We have seen remarkable results.

I really think, in closing, that back in time our biggest killers of our children were sanitation, and the deadly diseases. Now we have improved that. We have the immunizing agents that have knocked out the things that were killing our children. But we have got new killers today. The mortality of adolescents, the death rate is the only one that went up. Everybody else's has decreased, their's is decreasing.

As to accidents, you know, it has been proven many times that 50 percent of them are alcohol and drug related.

We need to look at health in a different manner. What happened post-World War II was when it really boomed in sickness care which was good to alleviate suffering. But in things like alcohol and drugs, sickness care is not the answer.

If we are going to combat it successfully, we better get it stopped before it starts.

[The prepared statement of Phil Ward appears on p. 120.]

Mr. OXLEY. Thank you, Mr. Ward.

Just a couple of questions.

I was curious, what age groups are you talking about when you are talking about the increase in mortality rate?

Mr. WARD. Adolescents.

Mr. OXLEY. Teenagers?

Mr. WARD. Yes.

Mr. OXLEY. In terms of funding as I understand it, you are funded differently, Jack, partially through United Way, is that not correct?

Mr. MILLER. United Way, Department of Mental Health, title XX funds.

Mr. OXLEY. You might comment while we are here, particularly in the alcohol area, about that funding from the State and how that is derived?

Mr. MILLER. Some of the funding from the State comes from Federal block money. But the major funding from the State now, I think it comes from the 470, or Panehal Act, which increased the tax on sale of licenses and then put an additional percentage point of the tax on the sale of the beverage itself.

Put that into the division of alcoholism in the department of health. That is where the biggest hunk comes from now. It has provided us with a pretty solid base, even in the face of all the cutbacks.

Mr. OXLEY. If I could follow up on that, Jack, you started out as an alcohol counselor, right?

Mr. MILLER. Right.

Mr. OXLEY. At what point did you get involved in drug abuse?

Mr. MILLER. A little over 3 years ago. The Mental Health Board asked us if we were willing to accept the drug abuse funds, Federal moneys, because there was no drug agency aside from the alcoholism council and rather than start a dual administrative kind of process, they thought we had the expertise and the staff and that all we would have to do is increase our counseling load, add a staff person, and then we could provide the staff person to make best use of the limited funds.

So we did that. We took on the drug program and the alcoholism program, and it has been relatively successful. That is how we ended up with mental health funds.

Mr. **Oxley**. Would you comment on your situation? I understand you are with the health department in Allen County, which I assume is funded totally by county funds? By the commissioners, is that correct?

Mr. **Ward**. No; the last 2 years we have not used any money of the general fund which is good with all the cutbacks going on in the health departments, because we are the only nonmandated service in the health service. There are other areas that are mandated.

We have been able to generate revenue from the Ohio Department of Public Health, the same one that Jack is talking about. Also title XX, money for indigents or social security recipients. We have been able to get some from the DWI school for adults from client fees.

Also from health insurance billings which gets back to my primary concern, preventive health is so hard to find because you have almost got to provide the treatment to get the bucks to stay in operation. Somehow that seems back-asswards.

As far as the other drugs, I really think we are hitting a point in society where we are becoming passe. We have an inpatient alcoholism unit that refuses to take anything but alcoholism. As a result of that, if they really stick to it they are not getting anybody under 40. We are seldom seeing anybody in our shop that is anything but cross-addicted.

Mr. **Miller**. It is seldom you find a pure alcoholic any more. Most are younger alcoholics, and the average age of them is now getting down into the mid-1930's. They are polyaddicted, not just alcoholic.

Mr. **Oxley**. Gentleman, thank you for your testimony today.

We are going to take a 5-minute recess so people can stretch a little bit, and then we are going to have the last part of our program, which will be the parents' panel.

We will stand in recess then for 5 minutes.

[Recess.]

Mr. **Oxley**. We can reconvene and call the last panel. We are pleased today to have two young ladies representing the parents and we would like to hear their testimony.

First, Mrs. John Goudy, and Ms. Carol Auchard.

If you don't mind, we will start with you, Mrs. Goudy. You can proceed as you wish.

TESTIMONY OF MRS. JOHN GOUDY, CONCERNED PARENT

Mrs. **Goudy**. I have a son 20 years old and he is chemically dependent and polydependent on drugs and alcohol. From the time he started using drugs and alcohol at the age of 12 until he entered treatment and recovery at age 19, our family lived in a nightmare of fear, anxiety, and pain.

I can't begin to go into it all.

My statement will be given from the parents' point of view on the failures of the system, and what it is like to have a son who is chemically dependent.

I am going to try to point out some of the failures of the system to help us recognize and deal with substance abuse.

The first failure, as many have mentioned today, is ignorance and apathy. Ignorance on the part of the general public, on the part of the school administrators, community leaders, and the medical profession, to recognize and admit that substance abuse is rampant in our community. In my county we have the distinction of being No. 3 in the Nation in alcohol consumption per capita.

We also have the distinction of having a higher than normal rate of accidents and traffic deaths directly related to drinking.

Mr. OXLEY. For the record, you are from Auglaize County. Is that correct, Mrs. Goudy?

Mrs. GOUDY. Yes; Auglaize County.

First of all, I wish the school administrators had stuck around. There are a few things I wish they could hear.

Due to the use of drugs and alcohol my son could not cope in school; his learning processes and his entire adolescent development was severely hampered because of his drug use. In school he was shuffled through the system, through the OWE, OWA, survival English, the easy programs, courses that a fifth grader should have been able to handle, but he couldn't.

Most of the kids in his class were drug and alcohol users and it was in these classes where he found his peer group and he remained with these kids until he dropped out of school.

He continued to associate with them after he quit school. In fact they all quit. One of them ended up in prison for dealing in drugs.

At no time during his junior high or sophomore year in school did any teacher, guidance counselor, principal, or any administrator suggest to us that his learning difficulties might be drug-related. At no time.

I don't know if it was because they were ignorant of the symptoms, not knowing what to do if they did recognize the symptoms, or simply closing their eyes and avoiding the problem.

I think it was all three.

As part of the education, which I think was mentioned a little earlier by Phil, not only do we have to give the kids drug facts, we have to start in kindergarten, showing our kids how to deal with attitudes, behaviors, valuing, self-esteem, decisionmaking, so that they can come to the realization that it is OK to be me, straight and free.

They have to get that message. They are not getting it now.

Now I will talk about the medical profession.

I took my son to our pediatrician. I told him that I was afraid my kid was into drugs, and didn't know how to deal with it, what should I do?

He told me that he would probably outgrow it and gave the kid a lecture. You know, drugs aren't good for you, you shouldn't do that.

That was the end of the visit.

During that time I was having problems with stress and anxiety myself. I was beginning to develop ulcers because of all that was going on in my family, the phone calls at night from law enforcement, the accidents, my son not coming home for days; all of this was taking its toll on me and my family.

My physician, when I went to him, gave me drugs so that I could cope.

I took the drugs home and threw them away because I didn't think we needed two junkies in the family.

I felt that the pediatrician should have been knowledgeable enough about substance abuse to recommend treatment, some kind of treatment, for my son. I think physicians should take time to find out why their patients are living in stressful conditions and treat that and give them advice on how to handle stress instead of handing out more drugs.

Now, when there is chemical dependency in the family everybody in the family is sick, and does dumb, crazy things, just trying to cope and handle the situation.

Somebody has to come in and take us off that merry-go-round and show us the way and show us where to get help because you can't see it when you are involved in it.

The next failures that we met up with were in the mental health profession and psychiatric profession.

The mental health people were the first of over 14 agencies that we contacted for help in the course of 7 years. The first counselor told us if our son was not stealing cars or shooting heroin we didn't have a problem.

Next came 2 years of seeking psychiatric help in the private sector. Most of this cost $60 an hour. To make a long story short, the psychiatrist treating our son gave him drugs to help solve his mental problem. He had a drug problem and the doctor diagnosed him as schizophrenic and manic-depressive.

Never was alcohol or drug addiction mentioned. Not once.

That scenario ended with our son experiencing his first overdose. We got a call from the joint vocational school principal who said, come and get your kid, these were his exact words—he is acting wierd. He will do anything to get out of school in my opinion. You better come and get him.

What was happening was that he was experiencing the first stages of overdose.

What he had done was taken the legal drug from the psychiatrist and mixed it with his own, the street drugs.

During all of these 7 years, our son never once refused to go with us to get help.

The sad part was no one knew where to tell us where to go. No one in all of the professions, not the clergy, the medical, the schools, no one showed us the way to go.

The next failure came through the court system. They could have been instrumental in getting us help. Our son was picked up for DWI, but it was reduced to a lesser charge if he would seek counseling. The counselor they sent us to was the mental health person who had previously told us that our son had a mental problem.

He went to this man for 3 or 4 months but nobody in the court system checked to see whether he went or not. He just went periodically.

During the next 3 months, he also lost his job because of his drug addiction.

I kept looking for help and finally I went to a Workshop on Teens, Drugs, and Alcohol, and there was a counselor there who told me of a treatment center, this one was in Xenia, Ohio, an inpatient hospital treatment center.

The next day I called this counselor. She made the arrangements, after I told my son about it, and in 2 days he was in treatment. He was on his way.

The real ironic thing was the day that he was going to go to the hospital to get help, he called the substance abuse counselor at mental health to break his appointment, to tell him he wasn't going to come and the counselor said: "Are you sure you want to do this? Perhaps you ought to reconsider."

Thank God he didn't. Thank God he went because it was the beginning of his getting help.

Because of our experience we have gone to our school administration and asked them to initiate a drug policy for intervention, evaluation and treatment based on the Fairborn Junior High's drug program. It is an excellent program that has been in effect for 2 years. They have an in-school support group as part of their program. I asked them to look at it and they worked on policy for 1 year. They invited me to some of the meetings but I had to keep asking them when most of their meetings were because I wanted to keep up on what was going on.

When they finally came up with a policy, it stated that treatment would be initiated if the student wanted it. What student will ask for help?

I would like to tell those administrators if they were here now, not to be so damned chicken about wanting to intervene. If they could save one child's life, if they could save one broken marriage or one family from breaking up because of substance abuse, I wish they would get off their duffs and do it.

They have liability insurance; I wish they would test it for once.

I realize many parents would give them a lot of static. I realize that.

But I get at least one phone call a week from parents asking me: "What can I do?" 2 o'clock in the morning I received a phone call from a mother, her son tripped on acid and he was drunk; he was looking for his guns; he was looking for knives; he was looking for anything to do himself in and his family. She asked me: "What can I do? where can I go?"

I told her where she could get help. This happens on an average of once a week. Don't tell me we don't have a problem.

I had one parent whose daughter was 16 and whose son was 18, they were coming to school drunk. She knew it. "What can I do," she asked. I asked her if they had ever been approached by the school.

I said, has the administrator said anything to you? Have they recommended an evaluation? Nothing.

Are you willing to help get involved? Yes.

We are building a parent support group. We need to educate our parents. We need to educate our educators.

It is absolutely vital. My children tell me that the reason they probably don't intervene is because teachers themselves are using, I mean how can they be used as any real models themselves if they are using and some of this has been documented.

Another thing we are trying to do in our community is start a Families Anonymous Group. This is a group patterned after the AA support groups.

We are going to start a chapter in Wapakoneta this fall. The primary purpose is to help parents understand what drugs are doing to them and their children. We also hope to short circut the time it takes parents to get help.

Parents need to know where the right places are to get help. Instead of paying all this money, wasting all this time going to the wrong places, they need to know where to go.

We hope to create a community action committee to pool the resources of our educators, physicians, and so forth, and do an assessment and evaluation on the drug and alcohol problem in our community. It is there.

Our ultimate goal is to educate, because we can't deal with what we don't understand and know about.

We also need to develop a resource and information center in our community so our citizens who have the problem know where they can go to get help if faced with drug abuse.

We need a crisis hotline for these parents so they can know who to call and again get correct information.

A lot has been talked about in regards to the media. I would like to see a national campaign showing the realities of the chemical solutions we see on TV, the pillpopping, drink a beer ads, all of them. I would like someone to show the realities of drug abuse and alcoholism.

Realities such as broken homes, broken relationships, suicide, ruined health, traffic fatalities, and for too many of our young people early and tragic deaths.

There is a desperate need, as Phil brought out, for treatment facilities. Alcoholism rates No. 3 behind cancer, and heart disease as the leading cause of deaths in our country, yet it is the first program that we cut when the budget needs to be trimmed.

Many treatment centers will not take the adolescent drug abuser, Phil mentioned that, too.

We need more halfway houses and funding for parents. When all the bills were in our sons halfway house treatment cost us $1,100 a month. We are not wealthy people. We are in debt because of it, but I would do it again because it was the right help.

From the time he started until today, we probably have $25,000 invested in searching, in looking for help and for treatment.

We had to borrow everything we could to get him into treatment. The poor will never get that help. They simply can't afford it.

Our son did enter a 30-day hospital treatment facility. From there they recommended a 6-month halfway house in St. Paul, Minn. We had to go that far to get him help.

I wish too there would have been something in our State; although one was suggested in Illinois, he chose to go to St. Paul, Minn., for the simple reason, in his words: "I don't want to be able to come home. I don't want to make it easy for me to come back home."

He has been there 15 months. He has been in sobriety for 15 months. He has a job. Unfortunately, due to his abuse I feel I have a son who will be 21 in 10 days who probably has the mentality of a 16- or 17-year-old. That is adding to his difficulties in trying to cope with his situation today to try to maintain sobriety.

It is difficult for a 16-year-old to have to cope in an adult world.

I feel he is doing a commendable job. He is a beautiful young man, intelligent, loveable, but it darned near destroyed him.

In closing, I only wish to say that as a citizen, a parent, a mother, I need to know that what we are doing, that our efforts are being rewarded in lieu of the courts prosecuting to the fullest extent of the law all of those who choose to deal in any way, shape, or form in drugs.

We have to stop the death merchants or we are really going to pay for it. We already are. We have to stop it somehow.

Thank you.

Mr. OXLEY. Thank you for your testimony, Mrs. Goudy.

[The prepared statement of Mrs. Goudy appears on p. 125.]

Mr. OXLEY. Ms. Auchard.

TESTIMONY OF MS. CAROL AUCHARD, REPRESENTING PARENTS

Ms. AUCHARD. I have heard it said that life is what happens to you while you are busy making other plans. I would have to say that is true in my case.

At this hearing I also realize I must have a very vivid imagination, and my husband must have an equally vivid one because we sincerely believe that our four children are still drug-free, so far. They are 12 to 20.

We realize this may be a very unrealistic belief and unrealistic hope, perhaps even absurd, because when we have asked teens their perception of how many who reach the age of 17 are using alcohol or other drugs, or both, at weekend parties, their answer has been that perhaps only 1 out of 100 do not; that is, that they are totally drug free.

If our four children are truly drug free, that leaves 396 other children for other parents to be worrying about.

I don't think that seems very fair for us to feel that way, and it even supports how unrealistic the hope is that we have for our children, particularly when we think of the fact that many of these parents have done many things we didn't do. They have been to the church group parenting classes, and transactional analysis with: "I'm OK; you're OK." They have been to PTA, perhaps have been officers, active in 4-H, Cub Scouts, Den Mothers, Scout leaders: you name it.

They have read books, they perhaps have even had college courses in child development. They go on family outings—all the things parents should do.

I recognize there are poor parents, and we have heard of them this morning, but the thing that appalled me was that I was seeing some very good parents with their children having problems with drugs.

There was something else interesting that I noticed and that was that many of them were still married—on their first marriage.

You know, the model family with model children who were enjoying life when they entered grade school, who enjoyed school, and as a result of it were getting good grades.

Another interesting thing was that many of these mothers were not working; you know they were not the typical working mothers who had been considered the culprits. People considered that to be the problem for a while. One thing that intrigues me about that theory is that we fail to mention that some time before that, we had the working father who left the home to go to work. That seldom is mentioned, and yet it did occur earlier in the history of the United States. After all, at that time, those mothers did have some assistance from the fathers with the children, doing chores on the farm, or whatever help there may have been to do.

Of course, all of us can benefit from information on parent-child communication skills. Of course, there are some parents who are very negligent, or who are not sensitive, or who are so overwhelmed by their own problems that they are unable to be effective parents. That is true, and they do exist, but if that had been the only kind of parents that I had seen, it would have been very easy for me.

I could have said: "I know why their kids have a problem. They are not very good parents."

The trouble was, that was not all I was seeing. I was seeing good parents, seeing sensitive and caring people. David and Phyllis York, who founded "Toughlove," are a good example of this. They were counselors. They were treating people who had these kinds of problems, until they found that their child was using cocaine and had tried to hold up a cocaine dealer.

So they became counselees rather than counselors and they went into treatment as a family. They went to one counselor after another, one technique after another.

In each case they found something different. They said: "It is because of Phyllis' family background," or "You are too lenient," or "too strict," or whatever. They went through this for a number of years. The works. Gestalt, everything.

Finally they said: "Wait a minute. We had a functional family before our child started to use drugs. The problem is not an underlying emotional illness. The problem is that our child is using drugs, and this is mimicking family problems which really wouldn't exist at all." What is more, their child was loving it while they were going through all of this treatment and the parents were being blamed for the problem.

Then I met Nell Taylor. She is from Parma, Ohio. She has a son now that is recovering and is helping her with counseling. She had been teaching parental classes at the time her son became seriously involved in drugs. It became exceedingly clear to me that there was a new phenomenon that I was observing, and it couldn't be blamed on just broken homes and working mothers, although that may have played some role, but we get to the issue of the chicken and the egg and which came first.

It couldn't necessarily be blamed on ineffective parents or ineffective schools. It was obvious that the good kids were coming from good homes and good schools, but they were exhibiting bad behavior.

It is also obvious that if my husband and I can't really take credit if our children really are truly drug free, which we hope they are, they are the only ones who can take the credit.

That is what scares me. That is why I became involved in this program.

All the things we had accepted as assurances turned out not to be that at all.

There are things that we can do, but just working with parenting skills is not the only thing that can be done.

One of the first lessons we learned when we started to form our parents' group was that we had to diminish the climate of blame.

Too many parents felt guilt, unnecessarily so, so much that they denied their own child's drug abuse. School administrators would say: "We don't have a problem in school," perhaps understandably so—because they couldn't really be expected to be the cure-all for the whole community. If they had admitted openly to a problem of use in school, they would have had many angry, fist-waving parents threatening lawsuits, or threatening their jobs.

Or school administrators would say: "If we identify a child with a problem, we suspend or expel them," and once again they did so, because if they had attempted to send the child to treatment, they would have had to worry about lawsuits or loss of job.

Parents were eager to blame the schools and after all, in the parents' minds, they had done the best they could at home.

Educators would ask: "Why don't the parents get involved? Why don't they attend PTA?" As a parent group leader, I have to admit that sometimes I ask the same question when I would see 50 people turn up for a luncheon on stress management, and 12 or less show up for meetings about drug use, which is probably the cause of their stress.

I know the answer to that now. It is pain. It is embarrassment, denial, and fear of carrying the stigma of being a poor parent; and for the schools, it is the same thing. It is fear of carrying the stigma of being considered a poor school. It hurts too much.

In a climate such as this, a community can become totally immobilized. All the energy that can be used to do something to solve the problem becomes drained and everybody wastes their energy blaming, rather than doing something to solve the problem.

The organization I represent began to evolve 2½ years ago. Parents had become aware that the teens were seeking out and making plans for weekend parties whenever they heard that someone's parents would be away. If the parents arranged for their children to be in care of other parents, the kids knew that by gaining permission to attend an approved activity during the evening they could get out of the temporary guardian's home, attend the activity a few minutes, and then slip away to the real plans for the evening, which was an open party in the empty house.

Plans for the parties usually included only the menu, not the activity.

The menu usually consisted of beer and pot. Even when parents hired an adult to stay with their child, this adult—in one case who was actually a teacher—was accepted by the younger peer group; someone the teenagers knew would allow them to continue their habits.

Even in some cases the parents themselves used drugs. We have heard some of that this morning.

In one case I know of, they asked their children to buy drugs for them.

With reference to the menu, I might add in one case they did consider costumes. They had at least two sheets for togas that I know of—but there were over 100 kids.

Now, I can't say exactly how many streakers there were, but I can say the neighbors complained of a very large number.

An acquaintance of mine occasionally called to cry on my shoulder and she was concerned about her son's drinking pattern. She had taken her son to the psychologist and much like the story you just heard, he had suggested that she put beer in the refrigerator and ask him to drink at home occasionally, responsibly.

The psychologist said perhaps then the boy would not drink excessively at parties. But she said: "It is not working." She said: "He is taking it to mean that we condone his use. He drinks at home and at parties. He wrecked the car and the police let him off because they know my husband, but I wish the police had taken him in, so he would realize the consequences of his actions.

One day she called and said: "I can't take it any more". He had brought a drunk friend home and wanted her to tell the friend's family he had been invited to stay overnight. She said: "If I can get the high school principal and a few other parents together, will you come over in 15 minutes"?

Well, we showed up. I invited the chairman of the medical auxiliary's Committee on Family and Community Health, and she, and six parents, and the principal talked together, and he confirmed all of our impressions. They were having problems getting chaperones at dances; one student had arrived and vomited on the chaperones' clothes before the dance began. He discovered two boys dragging a third one off to the woods who had overdosed, and he had gotten there in time to get the boy to the emergency room.

The two other boys thought they had been doing a favor for the third one.

The parents felt their children were missing much of the fun they had experienced themselves as teens, so their first idea was to come up with alternate activities, and to possibly share chaperoning responsibilities or helping the kids prepare refreshments.

I casually offered my home as the setting of the next meeting, but little did I know that this spontaneous invitation would become a firm commitment.

Little did I know that the news would hit the school like wildfire.

Rumors started spreading, paranoia spread, and the students decided there was a witch hunt on. My daughter came home saying: "How could you? Why did you invite the whole world to our house, and the 'whole world' " actually consisted of two parents that I had called. Some other parents called a few others. Soon, therafter, we began receiving our weekend gifts of garbage in our front yard, toilet papering; and sacks of vomit after parties were over. At that point we realized that the students didn't do as the parents thought.

We thought they got together to socialize, but now we realized that there was a definite goal with their gatherings, and it was to get high.

Mr. OXLEY. If I could interrupt, how did they get high in that situation? Was it a combination of beer and drugs?

Ms. AUCHARD. I would say alcohol is the primary drug of choice, and marihuana runs a very close second; and it is usually both.

Mr. OXLEY. I am looking at the clock and I have a problem because we have to catch an airplane back to Washington, and would ask you if you would summarize for us and I could ask a couple of questions.

Sorry to rush you along, but we have a silver bird waiting for us.

Ms. AUCHARD. Yes; at any rate, we realized what we had to do was to get the community moving, and to get away from this kind of paranoia we were seeing, and get past the blame.

So we called together various people in the community and we developed a three-dimensional program to set up a workshop series, and it consisted of parents, of teachers, and those from professional agencies.

By working together jointly as a community, we were able to overcome some of this fear and we were able to assume joint responsibility for what was going on.

This went very well. We reached many people. We reached over 250 different people with the workshops. We reached probably around 400 people at the teachers in service. We educated ourselves together as a community.

This summer we are planning a workshop. We have applied for grants for it. We hope to have one principal, a teacher and a counselor from each high school and middle school in the county. They will be trained in many of the aspects that they need to deal with the school problem: as far as identification, ways in which the teacher can pick up the problem in the room—without diagnosing it as drug use—but stating it as a behavioral change, ways to report this to the school counselor—or whoever is designated—how they can pull in the parents as allies to get around the problems of lawsuits, how they can work together using the parents, if necessary, for a group intervention to send the child into treatment, referral possibilities, and ways to set up support groups within the schools.

This seems to be very close to reality for us.

We have part of the money from a foundation and we are waiting until Monday to hear if we have matching funds from the other foundation.

In addition, our group has provided much literature. Some schools are reviewing a book called "Marihuana. Time for a Closer Look" and it provides good information.

We have an assisted group who brought Toma by providing listings of support groups in the area. We participated in the publicity for the hotline in the sheriff's office. We hosted a State group meeting, which is mostly just a way of communicating between the parents' groups in the State of Ohio.

We were influential in the decision by Gray Drugs to eliminate sales of rolling paper or rolling paper machines.

We were successful in asking a local T-shirt merchant to change displays. Meanwhile, other paraphernalia shops are definitely flourishing. We are presently attempting to start a Toughlove group. We have begun a parent pledge in which each parent who signs will donate $1 and when we have enough money we will place this in the newspaper with the signatures and the pledge—in the hope of reversing the parent peer pressure.

We also hope school systems will continue our work with Steve Glenn where he deals with the habilitation and development of the normal maturation processes of a young person.

I won't go further. I have a lot more I could talk about of what communities could do. I feel that there is a very different philosophy among many professionals about what prevention is. They tend to deal with just habilitation, and development of self-esteem, which are all good programs for the young people. There's "Project Charlie," for grade school. "Quest" is good program at high school age. We have "Quest" in two high schools here.

There are a number of things that can be done with parents as far as child/parent skills, but I would go further to say that generally the parents' groups I know consider prevention to be threefold, and in addition to that, you have to include dealing with the drug industry itself and the advertising and the sales end, and the peer group itself. In my written paper, I have a number of suggestions of ways to accomplish that.

I think we would say we would have to do something about the peer group itself. This is unique. It is historically new. We talk about peer pressure, but seldom do we mention the fact that the peer group itself is new to American society in the form in which it now exists.

Fifty years ago we did not have young people in such great masses together for so many hours per day.

Our educational system was set up in such a way that there were more adults, smaller numbers and mixes ages of children, and we have to remember that at one point, school was 2 hours a day, perhaps 2 days a week.

So many of the normal processes of sharing of values and standards from parent to child took place in that long daytime which now no longer exists.

Other than that, I could say more, but I won't.

Mr. OXLEY. Your written statement will be made a permanent part of the record and will appear verbatim in the record so that we will be pleased to do that for you.

[The prepared statement of Ms. Auchard appears on p. 65.]

PREPARED STATEMENT OF CAROL AUCHARD

COMMUNITY ACTION FOR CAPABLE YOUTH, MANSFIELD, OHIO

At this hearing today, I realize that I must have a vivid imagination. My husband must have an equally vivid one, because we sincerely believe our four children, ages 12 to 20, are still drug free...so far. We realize, at the same time, this is a very unrealistic belief and hope, because when we have asked teens their perception of how many, who've reached the age of seventeen, use alcohol or other drugs at weekend parties, their answer is that only about one out of one-hundred do not. If our four children are truly drug-free, that leaves over 396 drug-using teens for other parents to worry about!

When I think about that, then it seems we're really being pretty unfair to our friends, particularly since some of those parents got to the parenting classes offered at church which we did not attend. Or, some of them have been cub scout den mothers, 4-H or scout leaders, or P.T.A. or P.T.O. officers, or been to P.E.T. or S.T.E.P. classes, or have been Sunday School teachers. Some have learned about transactional analysis with "I'm O.K.; you're O.K." Others have read books about child development or have studied about it in college. Others have spent hours with their families on camping trips or outings. We, as parents, are probably part of the most conscientious generation of parents in the history of the United States! Never has so much information been available on how to be a good parent.

There's something else interesting about those friends who are the parents of the 396 other drug-using teens. They're still married...most of them in their first marriage; and guess what else? The mothers aren't working... you know, "the working mother" who has been called the culprit for so many years? (What intrigues me so about the "working mother theory" is that no one seems to mention the fact that "working fathers" left the home a few years earlier in U.S. history. The first generation of mothers who had to assume full responsibility of the care of the children must have had an overwhelming adjustment to make. After all, their mothers had enjoyed some assistance from the fathers who had kept many of the children with them while working in the fields or doing the chores.)

Of course, all of us can benefit from information on parent/child communication skills. And, of course, there are some parents who really have never had these skills, or who aren't very sensitive to their own children, or who are so overwhelmed by problems of their own that they are unable to be effective parents. If that had been the only kind of parents I had seen with children who were abusing drugs, it would have made it very easy for me. I could have just said, "Well, it's easy to see why their kids have problems."

There were a few others who seemed to be very ineffective parents, until I became better acquainted with them. I was really shocked when I discovered that they were really sensitive, caring people...stable, mature people. They were merely a family in crisis. David & Phyllis York, who founded Toughlove, Inc., are interesting examples. They were both counselors. They were helping other people with those kind of problems, until their own daughter was caught trying to hold up a cocaine dealer. They, then, as a family, became "counselees" rather than "counselors." They spent years with one counselor after another. Each counselor used different techniques, and found different causes. They were told such things as, "The problem is all in the mother's background," or "You're too lenient," or "You're too strict." Finally, one day they woke up and said, "Wait a minute! We were functioning just fine as a family until our daughter started to use drugs. We're not a dysfunctional family; we're only a family in crisis." It became apparent that the one daughter's use of drugs had thrown the rest of the family into crisis with symptoms which mimicked underlying emotional problems which didn't really exist at all. And...what's more...their daughter had been just loving it while she continued to use drugs, and could even blame her use on her parents! And then, I met Nell Taylor from Parma, Ohio. She had been teaching parenting classes when her son became seriously involved with drugs!

It became exceedingly clear to me that I was seeing a new phenomenon that couldn't be blamed on "broken homes and working mothers," or ineffective parents. It became obvious that good kids from good homes were exhibiting bad behavior. It's also obvious that my husband and I can't really take the credit for our children's choices, so far, to be drug-free. Only they can take the credit.

You know, that's what scares me,...and that's why I became involved in the parent movement. All of things which I had accepted as assurances,...and all that professionals in prevention fields had taught as assurances...to help our children grow into mature, responsible adults, capable of wise decisions, haven't been assurances at all. Of course, there are things we can do to help, but that's all those things will do ...no more.

That's one of the first lessons we learned as we started to form our parents' group...that before we could even begin to address the problem of teenage drug abuse, we would have to diminish the climate of blame. Too many parents were feeling guilt (and unnecessarily so)...so much so that they minimized or even denied their own child's drug use. School administrators said, "We don't have a problem in our school," and understandably so. They couldn't really be expected to be a cure-all for the whole community. If they had admitted openly to a problem of use at school, many angry, fist-waving parents would have been at their doorsteps. Or, school administrators said, "If we identify a child with a problem, we just suspend or expel him," and, once again, understandably so. If the school had attempted to send a child into treatment, they might have risked lawsuit or even loss of job. Parents were eager to blame the schools. After all, in the parents' minds, they had done the best they could at home.

Educators asked, "Why don't the parents get involved," or "Why don't they attend P.T.A." And, as a parent group leader, I have to admit I've asked basically the same question, "Why will fifty people show up for a luncheon meeting about 'stress management,' but only a dozen or so for a meeting about the cause for all that stress, drug abuse!" I know the answer to that question now. The answer is PAIN, and embarrassment, and denial, and fear of carrying the stigma of being a poor parent. It just hurts too much.

In a climate such as this, a community can become totally immobilized. All of the energy that could be used to do something to solve the problem becomes drained while everyone wastes the energy blaming someone else for the problem.

"IN THE BEGINNING...."

Community Action for Capable Youth is an organization which began to evolve 2½ years ago. Parents had become aware that the teens were seeking out and making plans for weekend parties wherever they heard that someone's parents would be on vacation or out-of-town for the evening...that students were choreographing ways even of taking advantage of parents who arranged for their children to be in the care of other parents. By gaining permission to attend an approved activity during the evening, they could get out of the temporary guardian's home, then attend the activity a few minutes before slipping away to the "real" plans for the evening; an open party in the empty house. Plans for the parties usually included only the "menu" —not the activities, and the "menu" usually consisted of beer and pot. Soft drinks or other food were usually not included. Even when parents hired an "adult" to stay with their teenager, the adult sometimes turned out to be merely an accepted member of the younger peer group—someone who the teenagers knew would allow them to continue their habits. Even, in some cases, the parents themselves used drugs, or asked their children to buy drugs for them.

An acquaintance of mine called occasionally to cry on my shoulder. She had become increasingly concerned about her son's drinking pattern. She and her husband didn't drink themselves, although occasionally served cocktails to guests who seemed to expect them. She had taken their son to a psychologist, and the psychologist had advised that they put beer in the refrigerator suggesting to their son that it would be better to drink a beer at home occasionally rather than to drink excessively at parties. "But," she said, "it isn't working at all. He just takes it to mean that we condone his use, and he drinks at home, and at parties.. He wrecked the car, but the police let him off, because they knew my husband. I really wish they had taken him in, so he could have learned the consequences of his actions."

One Monday morning, she called again, "I can't take this anymore. He brought home a drunk friend and asked me to keep the boy's family from knowing by telling them he had been invited to stay overnight. If I can get the high school principal and a few other parents together, could you get here in fifteen minutes?"

I, in turn, invited the chairman of the Family & Community Health Committee for the medical auxiliary. She, six parents, and the principal met together. He confirmed our impressions that problems with alcohol and drug use among adolescents was progressively increasing, citing such incidents as a student who, upon arrival at a school dance, vomited on a chaperone's dress. Another was taken home with his car, but he returned within twenty minutes in another parent's car. There had been another close call when two students had felt they were doing their friend who had overdosed a favor by carrying him into the woods. The principal had arrived just in time to get the boy to the emergency room. The principal expressed a serious need for more support from the parents.

The parents felt their children were missing much of the fun they had experienced themselves at that age. They discussed the possibility of working with the teens to share creative ideas for alternate activities which would be fun and replace the open parties, or keg parties. They thought possibly they could share chaperoning responsibilities, or share in helping the "kids" is preparation of refreshments, etc. They decided that other parents would probably like to get together to discuss the possibilities, and agreed to mention it to others who might be interested.

I casually offered my home as the setting for the next meeting. Little did I know that my spontaneous invitation would become a firm commitment for the next 2½ years; and little did I know that news of the forthcoming meeting would hit the school like wildfire. Rumors began of a supposed "witchhunt." The students' paranoia was almost incomprehensible. My son was confronted by a group of boys asking, "What's your mother trying to interfere with our social life for?" One daughter came home saying, "Mother, how could you? Everyone at school says you've been calling everyone in the whole world to organize a Concerned Parents' Group." In actuality, "everyone in the whole world" was two parents who I'd called. Other parents had called a few others.

The parents began to realize for the first time that the purpose of teenage parties was no longer the same as it had been when the parents were teens. The goal of parties was no longer to socialize with friends; the goal was to get high.

When the rumors spread and the day arrived, 36 parents showed up, plus two high school counselors, who had been invited, and four students. Two of the students probably came to check out the rumored "witchhunt" and to defend the teenagers rights. Meanwhile, we started receiving our front yard weekend "gifts" of trash, empty cans, and plastic sacks of vomit left over from parties. In addition, eggings and toilet papering occurred with reasonable frequency. (I fondly saved some egg drippings on our front window for several months as our medal of courage.) My son's friends spent many weekend nights until 4 a.m. drinking hot chocolate by the fireplace or manning lookout posts at windows to watch for the "culprits." They did catch a few of them, but I spent much of my time trying to convince my son and his friends that gang warfare wasn't really the best technique for problem-solving.

The continued rumors brought nearly 140 curious people to our next meeting, along with threats by a group of boys that they would arrive drunk and egg all of the cars in the parking lot.

Needless to say, our organization had a very difficult beginning. Many parents shied away from attendance after the first big meeting when their children said, "You're not going to be part of that 'concerned parents group', are you? Please don't embarrass me in front of my friends. I won't be able to face ANYone at school." Others fell into a different trap when their children said, "Please, Mom and Dad, stay upstairs while I'm having my party. ...I'd just be so-o-o embarrassed," or perhaps, "...But you just have to furnish a keg. Everyone else in the whole world does! If you don't, my party will just FLOP!!!"

Fortunately for a few, such as myself, the harrassment at their homes and derogatory comments toward their children just pulled their teenagers closer to their parents, and made the parents' commitment stronger to DO something about the problem.

THE FIRST STEPS

Often parents' groups are advised by the "experts" that the best way to initiate reversal to a community health problem is a well-designed incidence/prevalence study. Scientific evidence that a problem exists is one of the best reasons to justify treatment for it. We were advised to do just that. Initially, we received helpful support from several superintendents in the county. We were aware that a number of guidelines should be set up. For example, there should be no published comparisons between schools, so people couldn't say, "They certainly have a problem in that school; I'm glad my child doesn't go to that school." This kind of comment, of course, not only blamed someone else for the problem, but denied personal responsibility to deal with the issues. We also knew that release of the information to the public could cause quite a furor, and spasticity of the community, without resourceful suggestions for positive steps to alleviate problems along with a plan of action. Apparently, a few of the educators had experienced enough incidents with floundering, fist-waving parents that they knew, even more than we, that it was just too great a risk.

Again, we had learned. We had learned by this point that: (1) "Kids get together to get high—not really to enjoy other "kids," and (2) No progress can be made as long as the community climate is one of blame. As long as parents say, "The problem is in the schools," and the schools say, "The problem is in the homes," and others say, "If they'd just get those dirty drug dealers, we wouldn't have this problem," and others say, "The problem is those dishonest politicians," etc., etc., all energy will be spent diagnosing and blaming. No energy will be spent solving.

So, we then began to change the climate. We established a no-blame philosophy, and served as a catalyst in helping each segment of the community accept a share of responsibility in problem-solving.

FORMATION OF C.A.C.Y.

After nearly 1½ years of trial and error, we finally gave our organization a name and elected officers. We learned of the National Federation of Parents for Drug Free Youth, joined, and through the national organization, we established tax-exempt status. We offered to pay the way of four local educators to an educators' workshop in Pennsylvania, and we asked for donations from local businesses, service clubs, and private citizens to fund an Oct.-Nov.- Feb. Community Workshop Series. Our planning committee was composed of representatives from three community dimensions: parents, personnel from human service agencies, and from schools, and included one who had attended the Pennsylvania workshop. Our calling committee solicited nearly 130 endorsements from physicians, ministers, service clubs, and businesses.

We reached approximately 250 different people in the workshops and another 400 when we shared our first speaker with the teachers' in-service meeting. We had chosen our speakers very carefully, and our membership soon became representative of not only parents, but also educators, clergy, community social service agencies, and medical, law enforcement, and legal professions. We came to view alcohol/drug abuse as only one of many symptoms of problematic behavior among today's youth, inclusive of teenage suicide, teenage pregnancy, juvenile delinquency, vandalism, and others.

From Ron Gaetano in October, we learned the benefits & risks of both legal and illegal drugs. From Steve Glenn in November, we learned the profile of the "high risk" personality to teenage problematic behavior and we learned about strengthening families and some of the transitions in society in the past fifty years which have increased these problems. From James Crowley and Marlene Convey in February, we learned about the disease of alcoholism (term use is inclusive of all drugs), the accompanying disease of the family of a substance abusive individual, and ideas for schools as far as written policies, identification techniques, group intervention techniques, referral possibilities, support group concepts, and legalities. (State laws in Ohio do not protect schools against lawsuit, if the school desires to send a child to a counselor or treatment, as well as they do, for example, in Minnesota.)

This summer, on August 1-6, we are planning a six-day, ten hours a day seminar again with James Crowley and his staff. We have already been granted partial funds from the Martha Holden Jennings Foundation and are awaiting word from the Richland County Foundation to know if they will match funds with the Jennings Foundation. We hope to provide for the principal, one teacher, and one counselor from each high school and middle school in Richland County to attend. Registrations are filling up very quickly. It has been reported in other communities which have held this particular seminar, that the policies later established by the schools and their consequent expectations of the local psychologists, psychiatrists, and counselors provided the incentive for those professionals to seek training about substance abuse. Whereas, training courses had always been available, they previously had not seen the importance of attendance.

In addition, in the past year we have provided much literature for a multitude of needs. Some of it was paid for by the Richland County Juvenile Court. An up-to-date book about marijuana is being reviewed in some school districts for possible use in the classrooms. We provided a listing of local agencies and support groups as an enclosure for the programs when the Inter-Service Club Council brought Toma. We helped provide some of the publicity when other service clubs put the hotline recording device into the sheriff's office, and we hosted the meeting for the formation of the state parents' organization, Ohio Federation of Families for Drug Free Youth. We were influential in the decision by Gray Drugs to discontinue sale of rolling papers and rolling machines, inclusive of their stores in other states. A Madison parent was successful in asking a local T-shirt merchant to change his displays (but meantime other shops and paraphernalia shops are flourishing). We are presently attempting to form a Toughlove group, and we have just begun a Parent Pledge for which each parent who signs is asked to donate a dollar. When enough money has been collected to run a full-page ad in the paper, we will run the pledge and signatures. We hope, also, that one of the school systems will continue some of the work with Steve Glenn which our group initiated. (See attached listing of past accomplishments, future projects, and the Parent Pledge.)

WHAT COMMUNITIES CAN DO

Two philosophies seem to be increasingly evident as I talk with other parents. One of these pertains to their definition of prevention. The other pertains to their opinions regarding "responsible use."

Many professionals tend to center their definition of prevention around parent/child communication skills, establishment of strong self-esteem among children, and teaching young people judgemental skills, etc. Another term often used is "habilitation." Parents' group leaders are aware that many professionals look down their noses a bit at their fervor about drug paraphernalia, or "do-drug messages." Parents have also been accused of being overly concerned about marijuana and underly concerned about alcohol, the drug of choice of their own generation.

Parents, on the other hand, tend to define prevention as inclusive of all that the professionals recommend plus two other areas. They see at least three areas: (1) "habilitation, (2) counter-measures against the drug industry, and (3) destructuralization of the powerful teenage peer group.

Three Dimensions of Prevention

Habilitation

According to Dr. H. Stephen Glenn, all of the problematic behaviors of youth, whether teenage suicide, vandalism, juvenile delinquency, teenage pregnancy, or drug/alcohol abuse, are related to the increase in our society of a "high risk profile." This profile is evidenced by three attitudes and four skills which are weak. The attitudes are:

(1) Weak identification with an admirable role model
(2) Weak awareness of the effect of the person's life upon others.
(3) Excessive faith in "miracle" solutions

The inadequately developed skills are:

(1) Intra-personal skills (self-discipline, self-control, & self-assessment)
(2) Inter-personal skills (communicating, cooperating, empathizing, listening)
(3) Inadequate systemic skills (inability to see cause & effect, consequences)
(4) Inadequate judgemental skills (problem-solving)

Dr. Glenn points out the changes in our society which have decreased our awareness of logical and natural consequences to our actions. Fifty years ago, when the little girl forgot to gather the eggs, or the little boy didn't milk the cow, or the family didn't harvest the food, they didn't survive. The term "rehabilitation" assumes that the process of maturation was proceeding normally until something went wrong; to the contrary, Dr. Glenn says, dependency is not caused by something suddenly going wrong—the cause of dependency is BIRTH. Maturation needs to be a process of "habilitation" to strengthen the seven areas previously mentioned and to change them from deficiencies into sufficiencies.

Habilitation is an area, of course, which should never be neglected in any prevention program. However, a serious error can be made if this is the only definition of prevention sanctioned. As mentioned in my opening statement, we, as parents, are probably part of the most conscientious generation of parents in the history of the United States. Of course, there are exceptions, and, of course, there is always more we can learn. There are many very good programs which help the habilitation process. In addition to some of the ones already mentioned in my opening statement, there are more, some directed toward parents, some toward children: The Fred Streit program, Tribes, Project Charlie, Ombudsman, Reality Therapy, Quest, etc.

However, if this area of prevention is not weighed against the other two "portions of the prevention pie," it can totally immobilize communities. It needs desperately to be recognized that many homes and schools have done the best job possible in fostering healthy habilitation only to learn that there is a "drug problem."

Parent after parent has taken a child to a professional counselor only to lose their child for three, four, or five years...perhaps forever, because that counselor has assumed that the drug use was merely the symptom of an underlying emotional illness. Fortunately, there are some counselors who realize that they must remove the drug first, "remove the cobwebs before examining the architecture." There may or may not be an underlying problem.

The questions must be confronted, "On whose face do we paint the profile of the 'high risk' personality? Do we paint it on the face of the individual parent or child, or the individual school? Or, do we paint it everywhere... on a 'high risk society! inclusive of everything within it?"

If so, must we not, in our definition of prevention, include counter-measures against the drug industry, and destructuralization of the powerful teenage peer groups? Most parents I know consider all three areas extremely important, and feel irreparable harm will be done to our young people if we do not deal with all three prevention portions.

Counter-measures Against the Drug Industry

In all problematic behaviors of youth, inclusive of teenage suicide, vandalism, juvenile delinquency, teenage pregnancy, drug/alcohol abuse; only two of the above have industries making money from the behavior. In the case of teenage pregnancy, some financial profit is being made by such industries as perfume, deodorant, cosmetics, breath tablets, x-rated movies, magazines, etc. However, this does not even come close to the profits of the drug industry. According to Otto Moulten, Board of the National Federation of Parents, between 1978 & 1979 the $65 billion drug industry was the third largest industry in the U.S.; D.E.A. figures indicate that it has now gone over the $100 billion mark—the largest industry in the U.S. That is inclusive of marijuana, cocaine, and the paraphernalia industry; it doesn't even mention the legal drugs: alcohol, nicotine, prescription drugs. And, what about the "look-alikes"?

In addition, head shops abound along with T-shirts sporting "do-drug" messages and records glamorizing it. TV informs us that weekends aren't really for the sabbath, but are really "made for Michelob," and giant, industrial-sized aspirin is needed for headaches which must be much worse than the headaches our ancestors bore without the aspirin. When an industry that big is that hungry to make money, even people who had been "low risk personalities" begin to develop resistance thresholds so low an ant could trip over them. Strong people begin to succumb. Obviously healthy habilitation can be sent in a tailspin, and peer pressure can be bought.

NORML, which is funded primarily by "High Times" magazine, the drug paraphernalia industry, and Playboy has become extremely influential. NORML has, in the past ten years, convinced many important people in many important places of its apparent legitimacy by use of out-of-date or inaccurate information, or testimony taken out of context. Much literature stating that marijuana is relatively harmless has worked its way into legitimate professional agencies. Parents, on the other hand, have observed through "daily clinical observation" the harmful effects of marijuana as their children have become apathetic, their grades have dropped, they've complained of constant colds and allergies, and their previous progress in emotional maturation has taken a nosedive. The child's emotional rollercoaster ride has disrupted the entire household. All the while, the child has insisted that the parents simply are fuddy-duddies who don't know as much as kids do about what's harmless and isn't. The young people consider themselves much more informed than their parents about drugs, partly because of the underground literature they read, partly because of the availability of drugs and paraphernalia, and partly because even many of the professionals their parents have taken them to for counseling seem unconcerned. The NORML stance of harmlessness has even reached the reading racks of legitimate agencies who didn't know they were not being given reliable literature. Often parents have even been told by the professional counselors that they're worrying too much, and to let their children go ahead and smoke a pot a little.

Many professionals, themselves, have used marijuana in the past with no apparent harmful effects, so they see today's parents as alarmists. The pot they used in college, however, probably contained only about 1% THC, at most 2%. Pot purchased on the street now runs 4% to 8%, or, in some cases, much higher.

The accusation that parents are more concerned about marijuana than alcohol, because alcohol was the drug of choice of their own generation is not quite correct. Parents meetings do focus heavily on marijuana, but, to a great extent, because they need to do it. They feel that correct information will not get to the public from any other source—after all, it hasn't in the past.

As parents have suffered through these problems with their children, NORML has succeeded in playing a major role in decriminalization, and now they are pushing closer to legalization. The philosophy they expound that "decriminalization would deglamorize," doesn't hold much water. We need only look at our nation's past record with alcohol, in which both use and abuse have increased.

Some possible counter-measures are:

(1) Counter-advertising—A group know as D.O.C. (Doctors Ought to Care) has initiated humorous advertising pointing out the fallacies in cigarette advertising. For example a sign on a park bench reads, "10 YEAR SUPPLY ONLY $7,000." Another parody of a poster shows a macho-type man with a cigarette dangling from one nostril and the words, "I smoke for smell," (rather than "taste").

Recently some mini-segments came out for TV that are part of a media campaign against alcohol sales. One scene shows two children talking about their favorite sports heroes' endorsement of beer on TV, then one child says, "...but didn't you notice? They're all retired!"

(2) The 90-second urine detection test—This could be used by hospitals, pediatricians, or counselors to assure clients are remaining drug-free during counseling sessions (or during probation).

(3) The Model Drug Paraphernalia Law drafted by the D.E.A.—As I understand, it has been upheld in a number of circuit courts, but it has not yet been passed here.

(4) Information for parents regarding the appearance and availability of drugs and drug paraphernalia—Many professionals tend to frown upon the "bong show," because they've had past bad experience with this type of information being provided for children. They say many children have merely used the information to increase their shopping list of drugs and paraphernalia. However, the same information provided for parents needs to be recognized as a totally different matter. Periodic presentation of the topic so that parents can be alert to what to watch for is extremely important. Parents need to know that if they see an empty Coke or Pepsi can in their child's room, they should see if the bottom unscrews to provide a stash container, or to check out Sears motor oil cans, or Right Guard (that even sprays), or Campbell's Cheddar Cheese Soup cans,

or Benzedrex inhalers (for snorting cocaine), or Kodak Film cannisters (conceal angel dust), or Chapstick (for concealing angel dust, cocaine, etc.), Frisbees (marijuana pipe), or pool sticks (pipe and lighter).

"Bong shows" for parents should not be frowned upon as an unimportant part of a prevention program, or considered the first naive stage that always appears in the formation of parents' groups. Rather, they should be recognized as an important annual event to reach the new faces that appear each year.

(5) Medically accurate information for parents regarding the benefits and risks of both legal and illegal drugs—The young people know there are benefits to the drugs they are taking; that's why they're taking them. The teens and the parents need to know, also, the latest and most accurate information, plus the idiosyncracies of poly-drug use. For example, recent research indicates that young people are building a high tolerance to alcohol because of their practice of combining it with marijuana. The marijuana inhibits the vomiting which is nature's signal of overdose. Some end up in the emergency room. Others later drop the use of drugs other than alcohol and are left with a high tolerance to alcohol thus becoming a high risk for alcoholism.

(6) "From one parent to another" discussions with local merchants expressing concern about their merchandising displays, or correspondence with TV stations or networks regarding advertising policies and "do-drug" messages incorporated in story scripts—Often merchants are totally unaware of some of the "do-drug" messages in their stores. One network vice-president has even asked that parents write to him whenever they notice any messages on TV or radio which glamorize or trivialize drug use. He, too, is a concerned parent.

Once again, caution is of the utmost importance. Counter-measures against the drug industry should not be considered the only approach. A prevention program which does not deal with the two other categories of habilitation, and destructuralization of the peer group is very unlikely to succeed.

Now, we start very early with the process of grouping little children into herds. For example, there are birthday parties for four-year-olds, where they begin to feel they must please their friends in order to get material rewards. There are little leagues, in which their worth is determined by their performance in comparison to other's performance, rather than the joy of learning a new skill. All sorts of athletic and music contests, and even classroom grading systems focus on comparison to others rather than feelings of self-satisfaction at personal accomplishment beyond previous levels of skill. For example, public performance of musical accomplishment may take on more of the flavor of "showing off" than of bringing joy to the listening audience. In this atmosphere of fierce competition, seldom do youth hear that their worth as a human being has more to do with the acquisition of the seven sufficiences of habilitation categorized by Dr. Glenn.

Children are no longer included in adult dinners, or social gatherings. (The exclusion of children in our society was markedly evident to me after we lived for a short time in Bangkok, Thailand. Children are much more accepted by the general adult population; many adults spontaneously keep watch out for the safety of other people's children.) Here, we generally leave the children with the sitter. First graders are put together, second graders together, and so on. A person can become a high school senior with little time spent with another human being older than his/her own age. Some of the core group of first grade friends often still remains when 12th grade is reached. Consequently, the need to please peers even more than parents is very strong. Young people need desperately to realize that their worth is not contingent upon the approval of others, or comparison to others their own age.

Some ways which have worked or could work to destructuralize the peer group are:

(1) Parent peer groups of the type described in the book, Parents, Peers, and Pot. In this case, the parents simply established a stronger peer group than the teens. They didn't let their children out of their sight until enough time had elapsed that most of the marijuana had left their systems. In one case a parent couple shivered through an eighth-grade football game in the top row of the stadium after their child begged to at least let the young people sit on the bottom row. They managed to intervene just as a child made a last-ditch effort to

Destructuralization of the Teenage Peer Group

The teenage peer group as it now exists is new to the history of American society. Often, people mention the problems of peer pressure, but seldom do they recognize that peer groups, themselves, are truly unique.

According to Glenn and Warner, the idea of "school" was initiated in rural populations which were relatively isolated. Some parents could not afford private tutors so formed groups, pooled resources, and "invented" schools. The one-room school of the past held a relatively small class of mixed ages. Their teacher was often selected by the little community, which made sure that the teacher held the same system of values as the rest of the community. Since school usually lasted only two or three hours once or twice a week, ample time was left for transferral of values, standards of morality from parent to child. Children worked daily side by side with their parents, and habilitation was the natural result of on-the-job training for adulthood.

Between 1935 and 1950—fifteen years—a massive reversal took place. Only thirty percent still lived on farms. By 1970, only ten percent still lived in a rural environment. The assumption from early schools that a "quiet classroom was a good classroom" carried over even though the student's day now lasted many hours longer and was many more days per week. The day consisted of sitting quietly, hurrying to the next class, sitting quietly, hurrying to the next class, and so on. At the end of the hectic day, the bus driver said, "Be quiet. You must not disturb the driver."[1]

Little time was left over at home, either, for parent-child dialogue. TV took care of that. "...The major problem today is not illiteracy. A totally illiterate person can get more information in a half hour than a scholar could get in a month thirty years ago. With regard to social awareness, an hour in front of the television at news time can contribute more than any school can in a similar period."[2]

[1] Glenn, H. Stephen, and Warner, Joel W.; "The Developmental Approach to Preventing Problem Dependencies," The Family Development Institute, Bethesda, MD, 1977

[2] Ibid.

sneak a quick smoke behind the bleachers and another tried to ride home with a suspicious-looking older teenager. These young people remain drug-free to this day.

(2) Toughlove groups—These are very similar to the parent peer groups described above. Toughlove groups are not for homes where the parent/child communication skills have never existed; but where they have, and where the drug use is the primary problem. Where it has turned a formerly functional home into a dysfunctional home, then Toughlove groups can be very effective. They are basically support groups, not therapy groups. They recognize that the parents' right to keep their child alive is greater than their child's right to self-destruct. Some of the ideas are extremely firm, but they are demonstrated with, and reflective of, love.

(3) Family, rather than adult-only gatherings—Frequent cocktail parties can be replaced by invitations to other families for dinner. All-child birthday parties can be replaced with family dinners and celebrations, etc.

(4) Encouragement through grants or incentives—Schools can be encouraged to pilot innovative and creative ideas for mixing age groupings, utilizing older children to teach younger children, encouragement through providing incentives for parents to participate in the classroom and teaching processes. A private school here in Mansfield is using a number of these techniques quite successfully.

(5) A parent pledge—This has been tried in Sacramento, Atlanta, and other cities. Basically, it sets guidelines for curfews, chaperones, etc. (A copy of the one we will be using is enclosed.)

(6) Alternate activities—Often these do not succeed in the early stages of a community's attempt to deal with the drug problem. We feel, in our case, we aren't quite ready for it, although we're drawing closer, because we're beginning to overcome some of the early hurdles of denial, guilt, and blame. After our community is truly mobilized and working together we might want to consider some programs which don't really destructuralize teenage peer groups as much as they utilize them in constructive rather than destructive ways. Under the Channel One program, youths in Gloucester, working with local resource people, restored an historic graveyard. They were involved in every step: they did their own research, documentation, landscaping, horticulture, publication, legislation, scheduling, budgeting, and fol-

low-up. Another group in Palo Alto, California, has started some less structured "alternative activities" gatherings. One girl, the daughter of a parents' group president, and her boyfriend started it. They agree ahead of time on the activity, whether skiing, swimming, or whatever, and they agree that it will be drug-free.

Abuse, Responsible Use, or Abstinence?

Most parents in the past have felt they had the choice of three options: (1) They could abuse, and hope their children would be smarter than they were (or they could accept abuse as "normal" or something their children would outgrow); (2) They could practice and teach "responsible use", with the confidence that they, as parents, had been able to practice responsible use; or (3) They could expect their children to remain drug-free.

Theoretically, these three options should be possible. No theory should be accepted point blank, however, without weighing it against its application in the real world.

The real world of the teenage social scene consists of alcohol/drug use that is goal-oriented. That is, it is not use to socialize; rather, it's "drink to get drunk," "take drugs to get stoned," joke about "who joined the porcelain club last night (vomited in the toilet)?" or who tried to level off for awhile, but "rejoined the porcelain club?" Contests go on among them to see who can stay wasted for the longest number of days in succession. In one case I heard about, the record was eighteen days.

Chances are extremely high that a high school freshman or sophomore,who has been taught responsible use, will enter the blender of the powerful peer group only to be taken out when a senior as an abuser. Some teens with whom I have talked have expressed the feeling that they had only two options: abuse, or no use at all. That is why the term "drug-free" appears more and more often: The National Federation of Parents for Drug Free Youth, and the Ohio Federation of Families for Drug Free Youth.

What about the parents who want their children drug-free, and those parents' own role modeling? If they choose responsible use for themselves, they must be prepared to spend hours in detailed explanation of the difference of the effects of drugs on adolescents' vs. adults' bodies. They must be prepared with answers whenever they are unexpectedly challenged; and the answers must be accurate and effective. "It's illegal," simply isn't good enough. They must have exceptional rapport with their children and have much free time. They'll have to be certain that their child is willing to put in as much time and effort to listening and dialogue as the parents. Communication is a two-way street, and it needs to be weighed in light of the fact that most teens do care more what their peers think of them than what their parents think or feel.

The questions still remain, "How many parents can really overcome the power of the teenage peer group?" and "How many teens will really be that cooperative?" Is the theory of "responsible use" a theoretical possibility, but a workable impossibility?

As far as my personal stand, I can only say that I feel life is a process of learning. I'm in no way judgemental of those who choose differently than I, nor do I attach any sin or shame to their choice. I say only that "responsible use" for teens...at the present time in history... and in our present society, with our present teen peer group setting, and with a huge industry making money off it...simply doesn't seem to be working. Personally, I feel I have no other option than insistence on drug-free youth.

Mr. OXLEY. Mrs. Goudy, regarding your group in Wapakoneta, are you considering involving with the State organization or national organization, or is it a local project?

Mrs. GOUDY. Right now we are a group of one couple. My husband and I have written for information from the National Federation. There are other couples involved in Families Anonymous who will be coming to Wapakoneta to support us. I am very interested in what Ms. Auchard has to say for the community development part of it.

Mr. OXLEY. You mentioned the Fairborn program. This is Fairborn, Ohio?

Mrs. GOUDY. Yes.

Mr. OXLEY. How did you first know of the Fairborn project?

Mrs. GOUDY. I made close to 50 phone calls all over Ohio searching for programs, searching for groups, just searching for answers. I have made an awful lot of contacts and have gotten a lot of good contacts just that way, while looking for halfway houses, and adolescent treatment centers. We are just doing it on our own.

Mr. OXLEY. You mentioned that the major failure is to get the message to students. How do we do it?

If you had the power to do it, what would you do to get them the message, the easiest and most effective way?

Mrs. GOUDY. I think we have to start with the parents. We have to get the message to the parents. To educate the parents on how they can tell if their kids are involved and how to handle the situations if their kids are involved. The parents must take a stand and practice Toughlove, and know how to deal with the situations when their children come home stoned, or drunk, or whatever. We must also show them how to be responsible parents, to help take away the fear that the kids have over them when they do get stoned or drunk.

Parents are still parents. They have that responsibility and as parents we have to place the responsibility for our children's actions right back on our children, and they have to understand that. But we have to give the parents the understanding that they are allowed to do that and not be afraid to exercise their authority.

Education of the parents and the community as a whole is critical.

Mr. OXLEY. Thank you very much.

Ms. Auchard, you mentioned the paraphernalia shops and so on. There was a bill pending when I was in the legislature that would have outlawed those shops, or the types of paraphernalia sold, rather. That came out of the Judiciary Committee, but never got any further than that. Have you or your group been involved at the State level with trying to get that or a similar bill passed?

Ms. AUCHARD. I can't say we have actively done something. Many of us have copies of the model drug paraphernalia law drafted by DEA. As I understand, it has been upheld in five other circuit courts, has it not?

Mr. OXLEY. Yes.

Ms. AUCHARD. There is a definite need in Ohio for that.

Mr. OXLEY. Many of those are ordinances but the constitutional question holds. The problem we had—the problem in the Judiciary Committee—was trying to specifically define those paraphernalia so that the definition would not include a tie tack or tie clasp or a spoon, for example, where you could have a multiple use of that type of thing.

But even with that, the language can be drawn, as has been shown in several jurisdictions, and you indicated that it can be—in fact it is—legally effective and still constitutional.

Mrs. GOUDY. Is there legislation still pending for marihuana to be used for medical purposes?

Mr. OXLEY. That has been passed in Ohio.

Mrs. GOUDY. You're kidding.

Mr. OXLEY. That was passed 2 or 3 years ago.

Mrs. GOUDY. What a joke.

Mr. OXLEY. I might say that it is under very, very strict circumstances and very, very rarely is it used.

But that is the law in Ohio. I don't know about the other States, but I know it is here.

I want to thank you so much, ladies, for your testimony. We appreciate your waiting so long to come up here and your sitting through all of the testimony, but if it was as instructive to you as it was to me, I think it was well worth our joint efforts. We appreciate that.

We want to thank everybody for being here and we will have to make a quick exit to the Cleveland Airport.

Thank you so much and we will indicate that all of the testimony today will be made part of the record when the committee report is printed and you will receive a copy of that for your records. Again we appreciate your being here.

The meeting is adjourned.

[Whereupon, at 2:05 p.m., the committee was adjourned.]

PREPARED STATEMENT OF

GARY BEDLION

TEACHER, FINDLAY HIGH SCHOOL, FINDLAY, OHIO

I have been teaching and coaching for the past sixteen years. In that time I have seen the time when most students only heard of drugs through movies or on TV. Now at this time students can talk about drugs through actual experience or seeing friends or classmates who have tried drugs.

I am doing an inservice program for teachers on drug awareness and what drugs students are using. To do this I thought I better talk to the students personally and see what they think. I already had my own personal views. I talked to 103 students and athletes, good students to poor students. Students I feel would not try drugs to those I feel are using drugs or may have tried them. Questions I asked were:

1. What drug is most used not including alcohol? All said marijuana
2. What percent have tried it? All said between 60 to 80 per cent. A couple said in the 90's.
3. How many are regular users? (At least twice a week) Answer - 20 to 40 percent. Not many said 40 percent.
4. How many take pills? About 20 percent. About half of the students weren't sure.
5. What kind of pills are most used? Speed (Black Beauties or miniwhites) Over half said speed. The rest said acid (L.S.D.) or weren't sure.
6. Do they know if it is the real thing? (Speed or look alikes) About 90 percent said they wouldn't know the difference. This answer really bothered me.
7. How many use depressants or downers. Not many was the basic answer.
8. How many use cocaine? Most said none. A couple said they knew of some students who laced a joint with it. (Tried it mixed with marijuana)
9. Could they get cocaine if they had the money? 100 percent said yes or could find someone who could get it.

Most of the students said their first experience with drugs was in junior high, either trying it or being around it. I feel and many of the students feel the same way, that junior high is the hardest time to deal with drugs. Most students have decided by senior high if they will use drugs or not.

All the students feel that alcohol is our biggest problem. Also that beer and grass are used together quite alot. The majority would not even hesitate in saying they drink but most would say they didn't use drugs but they know someone who does or someone did this while on drugs. Some did admit to trying drugs at some time but not many.

What is Findlay High School doing about drugs and alcohol? (A school of about 1600 students, grades 10, 11 and 12) All students are required to take Health and as a part of the course a drug unit is taught, dealing with types of drugs, what they do, how they are used, what effects they have on the body and the laws that govern them. The police department has sent speakers from the drug enforcement unit to speak to the classes. We use many films and other outside speakers when available. We have an entire program dealing with drugs from elementary through high school.

For the teachers, we are having inservice classes dealing with drug awareness. One of the problems I see is that many teachers may recognize something different about a student's actions or behavior but will not say anything or confront the student in any way.

In the community we are just starting a class about drugs for parents. It is taught as it is at the high school with one or our health teachers teaching it using many outside speakers. The ad in the newspaper read, "Do Your Children Know More About Drugs Than You Do?" Then it goes on to explain the class. This class came about as a result of an open community meeting dealing with drugs and alcohol.

There is more I could say in this statement but am not sure where to stop. So, I will stop at this point and hope this will be of some benefit in your work dealing with drugs.

Respectfully submitted,

Gary E. Bedlion

Gary E. Bedlion

PREPARED STATEMENT OF JOHN G. OLDS, PRINCIPAL, ELIDA HIGH SCHOOL, ELIDA, OHIO

PREFACE

In discussing the entire issue of substance abuse, it is my estimation that putting emphasis and remediation efforts on high schools may be somewhat misplaced. High school students are clear, consistent trend followers. To that end, the trend setters, the groups initiating the pressure to follow specific behavior patterns begin demographically among college students and geographically on the coasts (media centers).

The efforts directed toward our high school students may be more efficient in providing direction for independent, self-restrained, "non-peer-pressure" directed behavior.

Although it may well be that high school students' behavior is a reflection of the total population is some type of statistical fashion, there is nevertheless a "dictatorship of peers" at work pressuring teens to either conform or be labeled an "outsider."

Another issue of personal bias concerns the effort to sharply quantify the substance abuser problem among high school students. It is my observation that so long as we have a significant portion of our student population abusing substances, then we have a significant problem with which to deal.

STATEMENT

In terms of a statement on the substance abuse issue there are three specific facets of the problem that I would like to briefly address.

First, it is my estimation that the substance most abused by high school students (and adults, too) would be alcohol. Presently, there appears to be a "senior six-pack syndrome" in which a segment of our students feel that they cannot "party" or have any type of social function without having alcohol (beer seems to be the alcohol of preference.)

As a "legal drug", alcohol can still be given to minor children by parents - further, parents feel more comfortable with the knowledge or suspicions that their children may be using alcohol rather than other type of substances. There is still, in my opinion, a romantic aura surrounding the use of alcohol that makes its use okay.

Even in casual talk, high school students talk more about alcohol in relation to social activities than they discuss other substances.

I suspect that there may be a close statistical relationship between the number of high school students that have been diagnosed as "alcoholics," and assigned to treatment, and an "x" factor of undiagnosed and unrecognized students with significant substance abuse problems.

To that end, a simple study of high schools relative to the number of students who have been identified as having alcohol (or substance) abuse problems may reveal a significant, yet unrecognized problem among high school-aged people.

A second item of concern in substance abuse deals with the so called "head shops" or stores specializing in substance abuse paraphernalia. In addition to the fact that these businesses exist solely as an adjunct to an illegal drug enterprise, these establishments serve an even more insidious purpose as information brokerage houses. People have access to "good" information on where to get drugs, what the going rates are, how to efficiently use substances, etc.

People visiting these establishments have access to "good" information regarding "drug commerce." As a "safe" place to get information, the "news" exchange serves to keep prices of goods down due to the free enterprise concept of competition, provides information on who to "see", what the current availability and quality is, and efficient or new methods or substances that are in current vogue.

A rather large number of students who have been apprehended with drugs and paraphernalia in school have made purchases of the paraphernalia at these so called head shops. A number of these students remark that they find it confusing that the schools have taken an almost evangelical attitude toward substance abuse while other establishment-institutions seem to have a laisez-faire attitude toward the existence of "head shops", the availability of the legal look-alikes, and the apparent "celebration" of drug use seen in the media.

The third area that is being a particular concern is the "look-alike" drugs. Although technically not harmful, these "look-alikes" are dead ringers for "street" drugs and can be purchased at some head shops and also through the mail from magazines specializing in drug use.

In addition to the problem of attempting to enforce behavior standards concerning the use/abuse of substances in schools, the concept of availability of these materials "mail order" presents a confusing signal to young people.

A well known situation in our area concerned a student who was selling the "look-alikes" in a school parking lot in a somewhat open fashion. When police officials apprehended the youth, had the drugs (which looked exactly like "black beauties" - a well known drug of "preference") analyzed, it was found that the capsules contained caffeine, were not illegal, and subsequently released the youth with an apologetic warning.

CONCLUSION

In conclusion, it is my judgment that the entire problem of substance abuse is a concern for schools only in terms of community, state, regional, and national concerns.

We have observed that a majority of our student with behavior related problems in the schools fit into an almost cliché pattern of the "nuclear family breakdown" syndrome. A rather significant percentage of those students referred to the "office" for "serious" offenses (including specifically substance abuse) have for the most part a one parent family. Specifically in these cases, there is usually no father present in the home, or a "weak" father image.

There is a well documented breakdown of traditional family ties (traditional being prior to the conclusion of World War II) in the United States. On the public high school level this phenomenon may be observed in a number of ways including not only the items discussed above, but also by a willingness on the part of parents to "do battle" with the school on behalf of the child even though those parents believe the school's position may be fundamentally correct.

The reason for this appears in many cases to be that this is a visible, concrete parental support for the child that has as an underlying statement by the parent to the child of "look, I did what I could to get you off the hook - don't get mad at me." The fact that there appears to be decreasing consensus between schools and the communities served regarding acceptable behavior standards for students has worked a disservice on students.

Other examples of the family tie breakdown is seen by a phenomenon where neither parent wants to deal with or be responsible for teen-aged children. There are examples in the high schools where minor students are "on their own" or placed by courts in foster homes or social institutions with a final result of the teenager fulfilling their familial needs in ways other than the traditional family. Unfortunately, it is my experience after 17 years in the Ohio Public School System that there is no substitute for the family.

RECOMMENDATIONS

The question of what can be done in my estimation is complicated, sensitive, and perhaps in a total sense unanswerable.

I take a degree of optimism from reports of studies like the University of Michigan's Institute of Social Research and the recent Califano report which seems to indicate a drop over a significant period of time in substance abuse.

The observation I have made since 1972 when in the high school that I was working sent 40 students to the hospital one day from overdose, to the present time when student overdose occurs less than once per year seems to underscore my fundamental optimism that we are in a period of decreased drug abuse (with the possible exception of alcohol).

Recognizing the high school aged students appear to follow the trends established by their older brothers and sisters of college age, efforts directed toward this age group, while emphasizing the effects on self-defeating peer influences on high school student, may be fruitful.

Further, recommendations related to elimination or at least strict regulation of the so called "head shops" would be of help. Other measures such as raising the age to legally purchase and consume alcohol and eliminating or regulating the so called "look-alikes" might be of service to this question. Taxing the three adult "legal drugs" of alcohol, nicotine, and caffeine may further provide incentive to decrease abuse concerns.

A third category for recommendations would deal with parents. Parent support groups may have the advantage of allowing parents a forum for discussion and ideas as well as to reinforce what parents know to be correct courses of action in dealing with their children.

Finally, although again an almost cliché approach, would be to have the idols, the "media people," and the "trend setters" to "go public" with an orchestrated although blatant attempt to convince teenagers that certain productive behavior patterns really make sense and are acceptable.

We presently have the psychological tools to inact a media campaign (see any commercial for records, acne cure, or pizza) that could make a serious impact with young people.

POSTSCRIPT:

It is important to note that, although there are serious problems rampant among our teenagers today, in my 17 years of experience the current "crop" of high school students are the best dressed, most self-directed, and (overall) best behaved group since the first class I encountered in 1965.

Although I am personally uncertain about the statistical significance, a survey of America's high achieving teens in 1980 by "Who's Who Among High School Students" revealed the following:

92% have not smoked marijuana

85% are members of an organized religion

85% prefer traditional marriage

78% have not had sexual intercourse

70% have a definite career goal in mind

43% have never had a beer

PREPARED STATEMENT OF

CHARLES D. BUROKER

SUPERINTENDENT, BLUFFTON EXEMPTED VILLAGE SCHOOLS

BLUFFTON, OHIO

I serve as a superintendent in a small rural district. Since I assumed the position five years ago, I have had several discussions with district residents concerning substance abuse among school age children.

I shared these concerns with an advisory council appointed by the Board of Education in my district to study school issues. In the spring of 1981, a sub-committee of this council decided to conduct a survey of our high school students. With the assistance of Phil Ward from the Allen County Health Department, a paper and pencil survey was developed for our district. Ninety eight percent of our students in grades 9-12, participated in this survey.

The results of this study and the recommendation of the advisory council are included as part of this document. As a direct result of these recommendations, our district plans to develop and implement a drug education program.

Beginning this fall, a committee composed of students, parents, teachers, board members, administrators and practicing professional people will write a comprehensive K-8 Health curriculum which will include, as an intergal part of this curriculum, units dealing with substance abuse.

Respectfully Submitted,

Charles D. Buroker, Superintendent
Bluffton Exempted Village Schools

BLUFFTON EXEMPTED VILLAGE SCHOOLS

The Bluffton Exempted Village Board Advisory Council recently submitted to the Board of Education recommendations based on two surveys conducted by the Advisory Council last spring. The council is composed of 15 district residents appointed by the Board of Education to study existing problems and needs of the school district and to make recommendations to the Board of Education and superintendent. Two areas were studied this year - (1) drug education and (2) the district's educational goals and objectives. The first part of this report deals with the results of the drug education survey.

Last year, during the month of May, a survey developed in cooperation with the Allen County Health Department was given to the students at Bluffton High School. Two hundred and ninety-four students participated in this study. A summary of the results of this survey follows.

Number of Students Responding Yes (out of 294)		Question	Per Cent Responding Yes (out of 294)
219	1.	Have you ever used alcohol?	75.0
128	2.	Do you use alcohol now?	43.5
91	3.	Have you ever used marijuana?	31.0
53	4.	Do you use marijuana now?	18.0
35	5.	Have you ever used depressants?	11.9
18	6.	Do you use depressants now?	6.1
58	7.	Have you ever used stimulants?	19.7
37	8.	Do you use stimulants now?	12.6
29	9.	Have you ever used cocaine?	9.9
16	10.	Do you use cocaine now?	5.4
37	11.	Have you ever used hallucinogens?	12.6
23	12.	Do you use hallicinogens now?	7.8
28	13.	Have you ever used PCP?	9.5
14	14.	Do you use PCP now?	4.8
15	15.	Have you ever used narcotics?	5.1
11	16.	Do you use narcotics now?	3.7
176	17.	Do you know where to obtain illegal drugs?	59.9
8	18.	Have you ever been charged with a crime while under the influence of a drug?	2.7
	19.	What percentage of the students in your school do you think have experimented with marijuana?	
64		(a) Over 75%	21.8
80		(b) 50-75%	27.2
65		(c) 20-25%	22.1
44		(d) 10-25%	15.0
23		(e) 5-10%	7.8
14		(f) Under 5%	4.8
4		(g) No response	1.4

20. What percentage of the students in your school do you think have experimented with hard drugs?

14	(a)	Over 75%	4.8
30	(b)	50-75%	10.2
60	(c)	20-50%	20.4
81	(d)	10-25%	27.6
48	(e)	5-10%	16.3
51	(f)	Under 5%	17.3
10	(g)	No Response	3.4

21. What percentage of the students in your school do you think have experimented with alcohol?

193	(a)	Over 75%	65.6
62	(b)	50-75%	21.1
17	(c)	20-25%	5.8
7	(d)	10-25%	2.4
3	(e)	5-10%	1.0
7	(f)	Under 5%	2.4
5	(g)	No response	1.7

147	22. Do you feel there is anyone within the school system you could go to for drug counseling without fear of disclosure to the police?	50.0

It is interesting to compare the total student body's perception of drug usage in the high school, as reported in question 21, to how the individual students actually responded. For example, 65.6% felt that over 75% of the present high school students had experimented with alcohol, while 75% said they had used alcohol. 48% of the respondents felt that more than half of the students had tried marijuana, while only 31% indicated they have done so. 63% of the respondents over-estimated by a considerable margin the use of hard drugs by their peers.

These results lead one to believe that the students' perception of drug usage, except for alcohol, is over-estimated.

The Drug Education sub-committee of the Advisory Council studied the data from this survey and developed the following recommendations.

DRUG SURVEY SUB-COMMITTEE REPORT
Board Advisory Council
November 20, 1981

The Drug Usage Survey completed last spring by the high school students in this district has given us some insight into the extent of drug abuse in our community. One must understand, however, that the accuracy of the data reported is contingent on the truthful answers of the respondents.

Consequently, this committee feels the results of this survey should be viewed not as definitive responses, but as a general view of the extent of substance abuse among our high school students.

Though the extent of drug and alcohol usage is not as extensive as has been experienced by other communities, the results of this study do indicate that some of our high school students have problems with alcohol and drugs. This committee realizes that this problem is not a school problem, but a family and community problem. We do feel, however, that the school can play a positive role by instituting a drug education program in grades K-12.

We further recommend that this survey be repeated two years after the implementation of a drug education curriculum to see if such a program has been effective.

This committee was especially pleased to learn that half the students in our high school felt they could go to someone within the school system for counseling about a drug program. We commend the high school staff for creating an atmosphere which led to this kind of trust.

DRUG SURVEY

November 2, 1981

N=294

NUMBER			
219	HAVE YOU EVER USED ALCOHOL?		75% (yes)
128	DO YOU USE IT NOW?		43.5% (yes)
	HOW OFTEN		
5	(1) More than once a day	1.7%	
16	(2) Once a day	5.4%	
70	(3) Once a week	23.8%	
68	(4) Once a month or very infrequently	23.1%	
20	(5) Only Once	6.8%	
	Preference		
114	Beer	38.8%	
34	Wine	11.6%	
46	Liquor	15.6%	
91	HAVE YOU EVER USED MARAIJUANA?		31.0% (yes)
53	DO YOU USE IT NOW?		18% (yes)
	HOW OFTEN		
17	(1) More than once a day	5.8%	
12	(2) Once a day	4.1%	
10	(3) Once a week	3.4%	
28	(4) Once a month or very infrequently	9.5%	
11	(5) Only once	3.7%	
35	HAVE YOU EVER USED DESPRESSANTS?		11.9% (yes)
18	DO YOU USE THEM NOW?		6.1% (yes)
	HOW OFTEN		
7	(1) More than once a day	2.4%	
6	(2) Once a day	2.0%	
5	(3) Once a week	1.7%	
8	(4) Once a month or very infrequently	2.7%	
6	(5) Only once	2.0%	

DRUG SURVEY

NUMBER			
58	HAVE YOU EVER USED STIMULANTS?		19.7% (yes)
37	DO YOU USE THEM NOW?		12.6% (yes)
	HOW OFTEN		
10	(1) More than once a day	3.4%	
9	(2) Once a day	3.1%	
11	(3) Once a week	3.7%	
16	(4) Once a month or very infrequently	5.0%	
10	(5) Only once	3.4%	
29	HAVE YOU EVER USED COCAINE?		9.9% (yes)
16	DO YOU USE IT NOW?		5.4% (yes)
	HOW OFTEN		
7	(1) More than once a day	2.4%	
3	(2) Once a day	1.0%	
2	(3) Once a week	0.7%	
8	(4) Once a month or very infrequently	2.7%	
8	(5) Only once	2.7%	
37	HAVE YOU EVER USED HALLUCINOGENS?		12.6% (yes)
23	DO YOU USE THEM NOW?		7.8% (yes)
	HOW OFTEN		
4	(1) More than once a day	1.4%	
5	(2) Once a day	1.7%	
8	(3) Once a week	2.7%	
12	(4) Once a month or very infrequently	4.1%	
8	(5) Only once	2.7%	
28	HAVE YOU EVER USED PCP ?		9.5% (yes)
14	DO YOU USE IT NOW?		4.8% (yes)
	HOW OFTEN		
5	(1) More than once a day	1.7%	
1	(2) Once a day	.3%	
4	(3) Once a week	1.4%	
6	(4). Once a month or very infrequently	2.0%	
10	(5) Only once	3.4%	

DRUG SURVEY

NUMBER			
15	HAVE YOUR EVER USED NARCOTICS?		5.1% (yes)
11	DO YOU USE THEM NOW?		3.7% (yes)
	HOW OFTEN		
4	(1) More than once a day	1.4%	
2	(2) Once a day	.7%	
5	(3) Once a week	1.7%	
2	(4) Once a month or very infrequently	.7%	
2	(5) Only once	.7%	
	DO YOU KNOW WHERE TO GO TO OBTAIN ILLEGAL DRUGS?		59.9% (yes)
	HAVE YOU EVER BEEN CHARGES WITH A CRIME WHILE UNDER THE INFLUENCE OF A DRUG?		2.7% (yes)
	WHAT PERCENTAGE OF THE STUDENTS IN YOUR SCHOOL DO YOU THINK HAVE EXPERMITED WITH MARAIJUANA?		
64	(1) Over 75%	21.8%	
80	(2) 50-75%	27.2%	
65	(3) 25-50%	22.1%	
44	(4) 10-25%	15.0%	
23	(5) 5-10%	7.8%	
14	(6) Under 5%	4.8%	
4	(7) No response	1.4%	
	WHAT PERCENTAGE OF THE STUDENTS IN YOUR SCHOOL DO YOU THNIK HAVE EXPERIMENTED WITH HARD DRUGS?		
14	(1) Over 75%	4.8%	
30	(2) 50-75%	10.2%	
60	(3) 25-50%	20.4%	
81	(4) 10-25%	27.6%	
48	(5) 5-10%	16.3%	
51	(6) Under 5%	17.3%	
10	(7) No response	3.4%	

DRUG SURVEY

NUMBER			
	WHAT PERCENTAGE OF THE STUDENTS IN YOUR SCHOOL DO YOU THINK HAVE EXPERIMENTED WITH ALCOHOL?		
193	(1)	Over 75%	65.6%
62	(2)	50-75%	21.1%
17	(3)	25-50%	5.8%
7	(4)	10-25%	2.4%
3	(5)	5-10%	1.0%
7	(6)	Under 5%	2.4%
5	(7)	No Response	1.7%

DO YOU FEEL THERE IS ANYONE WITHIN THE SCHOOL SYSTEM YOU COULD GO TO FOR DRUG COUNSELING WITHOUT FEAR OF DISCLOSURE TO THE POLICE?

50% (Yes)

DO YOU KNOW ANYONE OR ANY PLACE YOU COULD GO EASILY AND CONFIDENTIALLY DISCUSS A DRUG PROBLEM YOU MIGHT HAVE?

55.1% (yes)

PREPARED STATEMENT OF
DANIEL F. RUMER
ASSISTANT PRINCIPAL, BATH HIGH SCHOOL
LIMA, OHIO

Personal Background:

I received my B.S. of Education degree from Bluffton College in 1967 with a major of Social Studies Comprehensive. In 1971, I received a M.S. in Education from St. Francis College, Fort Wayne, Indiana, with a major in Guidance and Counseling and a minor in psychology. From 1972 to present, I have attended the American University, Washington, D.C., the University of Toledo, Toledo, Ohio, and the University of Dayton, Dayton, Ohio, all for the purpose of upgrading my teaching certification.

Since beginning my career in education in 1967, I have been a classroom teacher (1967-1972), an exchange teacher to Great Britain (1972-73), high school guidance counselor (1973-1977), and high school assistant principal (1977-present). All of this employment has been with the Bath Local School system in Lima, Ohio.

The past seven years I have also been a part-time employee of the Allen County Juvenile Court. This has been in the capacity of youth counselor, and presently as a teacher/probation officer.

I am married (17 years) and have three children, ages 12, 14 and 16.

Statement of Problem:

In my position as an assistant principal and/or teacher-probation officer, I have had adequate opportunity to observe and deal with drug and alcohol problems in the public school. From my experience I perceive our problem(s) as being multifaceted:

(1) Accessibility of alcohol and drugs to student population

(2) Lack of education among parents as to symptoms of abuse

(3) Difficulty of detection of abuse

(4) Absence of successful rehabilitation programs, particularly long term programs for identified abusers

(5) An unwillingness on the part of the communities to adjust and confront problems of this nature

While the problems mentioned above are local problems, I would be greatly surprised if they are not universal in scope.

More specifically in the area of abuse: alcohol, look-alike drugs (caffeine, and other over-the-counter drugs) and marijuana present our largest problems. However, recently there has been some indication from students that acid may be rearing its ugly head again.

Alcohol maintains the top position of abused substances among our students, followed by look-alike substances and then marijuana. It is my opinion that marijuana has been relegated to this position because of the ease with which it can be detected when used. Also, there appears to be little or no risk in a student purchasing alcohol, caffeine pills or other look-alike substances.

Possible Solutions and Needs:

In an attempt to address our schools needs and to provide at least a partial solution, we have taken some positive steps. First, we recognized that our students have had some problems in this area. Philosophically our Board of Education adopted policies which both aggressively and conservatively pursue violators. The penalties for infractions of these policies include, but are not restricted to, out-of-school suspension, expulsion, prosecution and mandatory admission into the Allen County Health Department program on substance abuse. The severity of the penalty is directly proportional to the infraction and considerations are given to the student's welfare first. Our board has also given its administrators the latitude to demand both blood and urinalysis tests if a student is suspected of having abused a prohibited substance.

Also, once a year we provide knowledgeable speakers on this topic to our parent-teachers group. Unfortunately, these sessions have been poorly attended and the parent group is not very active.

I am confident that there are measures that can be taken that would help to reduce the existing problem:

(1) Strict enforcement and prosecution of the existing alcohol and drug laws

(2) New legislation to control or make unlawful the manufacturing and sale of look-alike substances

(3) Programs on a national basis aimed at adult education and awareness

(4) More and improved programs of rehabilitation for substance abusers and their families

Concluding Statement:

The material presented in this report is based on my personal experiences and observations and is not meant to be a conclusive statement. The items presented as possible solutions are by no means going to solve this most complex problem. However, if we all begin to address in a definitive way the problems facing parents, schools, and communities relevant to this issue, we will most certainly make tremendous progress in lessening some of the trauma we are now facing.

BATH HIGH SCHOOL

POLICY HANDBOOK

"81-82"

INTRODUCTION:
This handbook contains all the rules and regulations governing Bath High School students. Therefore, all students, regardless of age, are responsible for and must adhere to all the rules and regulations contained within. Some of the regulations are unique to the high school and apply only to our students.

ATTENDANCE:
Attendance is a basic and integral part of your education. If a student is absent we prefer that the parent call the school ([illegible]-4271). If we are not called a written note will be necessary.

EXCUSED ABSENCES: Excused absences entitle a student to make up any school work missed. These absences are based on one or more of the following conditions: (1) personal illness (2) death or illness in the immediate family and (3) observance of a religious holiday.

UNEXCUSED ABSENCES: Work missed during an unexcused absence cannot be made up. Unexcused absences usually consist of but are not limited to one or more of the following conditions: (1) working at home (2) gainful employment (3) oversleeping and/or missing the bus (4) car trouble of any kind and (5) running non-emergency errands of any kind.

A student must have a medical excuse from a doctor/hospital if absences due to personal illness exceed fifteen (15) days in a school year. Any absences due to personal illness thereafter not accompanied by a medical excuse will be considered unexcused.

PROLONGED ABSENCES: If a student is unable to attend class or school for a lengthy period of time, but is able to study at home a telephone call should be made to the guidance office and arrangements made for assignments to be sent home.

MEDICAL APPOINTMENTS: Students who must be out of school to secure medical service must bring a note from their parents or a telephone call from the parents and/or an appointment form from the doctor. The excuse should be brought in a day or so before the appointment. The student must sign the register when leaving the building and must do the same upon return. If a student misses school because of a medical appointment the absence must be treated as any other absence, i.e., the time missed must be marked on attendance records.

TARDINESS: Students who arrive at school after 8:00 must report to the office for an appropriate tardy notice. If the bad habit persists, parent conferences will be needed. If the student comes late in the morning and arrives after 9:30 A.M. it must be considered ½ day absent. If the student comes to school after 11:30 A.M. it must be considered 1 day absent.

A STUDENT WHO COMES TO SCHOOL AFTER 9:30 A.M. OR IS SENT HOME DUE TO ILLNESS DURING THE SCHOOL DAY WILL NOT BE ELIGIBLE TO TAKE IN ANY TYPE OF AFTER SCHOOL EVENT OR ACTIVITY AS A PARTICIPANT.

HOWEVER, WE REALIZE THAT THERE MAY BE SPECIAL SITUATIONS (DENTIST APPOINTMENT, FUNERAL, ETC.) IN SUCH CASES THE PRINCIPAL-ASSISTANT PRINCIPAL WILL DEAL WITH EACH CASE INDIVIDUALLY.

VACATIONS: We would hope that parents would make every effort to take their vacations during the summer. However, if a vacation is planned during the school year, we ask the parents to let school officials know when they will be leaving on vacation, and how long they will be gone so that assignments and make-up work can be arranged. Vacation forms are available in the office and should be completed before leaving. No vacations will be approved for the last week of either semester.

VISITATIONS: Seniors who want to make an application for a job must file a request in the Assistant Principal's office. COLLEGE VISITATION requests must be made through the guidance department, and parent consent must be made in the form of a note or telephone call. Only seniors are excused for college visitations. There is a limit of two college visitations per student using school time.

DISCIPLINE:
Education cannot proceed without good discipline. Good discipline is the presence of a friendly yet business-like rapport in which students, teachers, and administrators work toward accepted goals.

MAJOR MISCONDUCT CODE: A VIOLATION OF ANY OF THE FOLLOWING RULES MAY RESULT IN DISCIPLINARY ACTION INCLUDING CORPORAL PUNISHMENT, EMERGENCY REMOVAL, IN-SCHOOL SUSPENSION, SUSPENSION AND EXPULSION.

1. **DISRUPTION OF SCHOOL:** A student shall not cause disruption or obstruction of the educational process by: 1) engaging in fighting or other violent behavior; 2) threatening harm to another; 3) making unrealistic noise, using grossly abusive language or offensive language; 4) challenging or taunting another likely to evoke a violent response; 5) creating a physically offensive condition; 6) creating a risk of physical harm to person or property and 7) throwing any objects or food.
2. **DAMAGE TO PROPERTY:** A student shall not knowingly mar, deface, destroy or otherwise tamper with any property not owned by the student.
3. **ASSAULT:** A student shall not knowingly or willingly cause or attempt to cause physical harm to another; or knowingly cause another to believe that the offender will cause physical harm to their person.
4. **DANGEROUS WEAPONS AND INSTRUMENTS:** A student shall not carry, possess, transport or conceal on his person or on school premises any deadly weapon or dangerous ordnance.
5. **TOBACCO, NARCOTICS, ALCOHOLIC BEVERAGES AND DRUGS:** No student shall possess, use, transport, purchase, have under his/her control, offer for sale, administer to another, or be under the influence of any intoxicant, hallucinogen, narcotic drug, or other dangerous drug. No student shall have or possess any equipment or paraphernalia for the purpose of any items mentioned above.

MINOR MISCONDUCT CODE: VIOLATIONS OF THESE RULES WILL FALL UNDER THE DEMERIT SYSTEM AND IN-SCHOOL SUSPENSION. CONTINUED VIOLATIONS OF THESE RULES WILL BE TREATED AS MAJOR MIS-CONDUCT.

DEMERIT SYSTEM: A demerit system is one of the many ways to educate students to respect the rights and responsibilities of each other. Most students will have no difficulty in following the policies of the school, others will have to be guided by the disciplines as listed below.

1. **TARDY TO SCHOOL:** A student reports to school after 8:00 A.M. without a valid excuse - 1 demerit, 1st and 2nd offense; 2 demerits each additional.
2. **SKIPPING CLASS:** A student does not attend a scheduled class or study hall - 3 demerits.
3. **TRUANCY:** A student does not attend any of his classes on a given day - 6 demerits.
4. **SMOKING:** A student is smoking in the school, on school grounds or on the school bus.
First Offense - Five day in-school suspension
Second Offense and All Subsequent - Ten day suspension from school and recommendation for expulsion.
5. **UNAUTHORIZED USE OF PROPERTY:**
First Offense - Five day in-school suspension
Second Offense - Ten day in-school suspension
6. **AUTOMOBILE OPERATION:** Improper use of automobile - 3 demerits. Repeated violation will result in loss of driving privileges.
7. **LEAVING SCHOOL GROUNDS WITHOUT PERMISSION IN ANY WAY:**
First Offense - Three day in-school suspension
Second Offense - Ten day in-school suspension
8. **SENT TO THE OFFICE BY TEACHER FOR DISCIPLINE:** 1 to 3 demerits.
9. **DISRUPTIVE CONDUCT IN CAFETERIA OR AUDITORIUM** - 2 demerits.
10. **INSUBORDINATION OR DISRESPECT TO TEACHERS, ADMINISTRATORS, AND OTHER SCHOOL PERSONNEL:** 3 demerits.
11. **LOITERING-TRESPASSING:** No student shall be in an unauthorized area without expressed permission by a proper staff member - 2 demerits.
12. **PORNOGRAPHIC PUBLICATIONS:** No student shall possess, sell or read any pornographic materials on school property or during school hours - 3 demerits.
13. **SPOTTING FOR SMOKERS:** 3 demerits.
14. **EXCESSIVE DISPLAY OF AFFECTION:** Any excessive display of affection between couples that attracts undue attention to them shall be considered in poor taste and is prohibited.
First Offense - three demerits with parent conference
Second Offense - Five demerits

A student will be placed in in-school suspension for not more than ten (10) days when they have accumulated twelve (12) demerits. When a student has accumulated a second twelve (12) demerits he is subject to a ten (10) day suspension and a recommendation for expulsion.

The parent will be notified by mail when a student has accumulated six (6) demerits and arrangements for parent conference will be made for the purpose of discussing the causes of misconduct and suggesting means of improvement.

RULES AND REGULATIONS GOVERNING IN-SCHOOL SUSPENSION:
Students are governed by existing student regulations and all those added below:

1. The student's school day will be the same as all other students - 7:45-2:53.
2. Students must report to designated room upon arrival at school.
3. Students must bring lunch from home. Milk is the only item which will be purchased from the cafeteria.
4. Students must report regularly during suspension period. Absences, whether excused or unexcused, will not count toward reduction of suspension period.
5. Students will be allowed to go to the restroom after obtaining the permission of the in-school suspension room supervisor.
6. Students will not be allowed to leave the room to go to the locker, to see teachers or counselors.
7. Students assigned to the in-school suspension program committing the following infractions will receive three additional days on first occurrence:
   - A. Insubordination
   - B. Incorrigible
   - C. Disruptive
   - D. Destructive
   - E. Verbal abuse or Profanity
8. A student's failure to adapt his behavior to the rules and regulations of the detention center will receive a three-day out-of-school suspension. At the end of the three-day suspension, a conference must be held with the student, parent and principal or assistant principal before the student can re-enter school. Upon re-entering the student must still fulfill his obligations in the in-school suspension room.
9. Actions that could lead to a second three-day suspension will carry a recommendation for expulsion.
10. Students who receive an in-school suspension are solely responsible for obtaining and returning their assignments. A reasonable amount of time will be provided to do this.

SUSPENSIONS:

1. The Superintendent or Principal may suspend.
2. No suspensions are to exceed 10 school days at present.
3. The Superintendent or Principal must give written notice of intention to suspend and the reasons why to the pupil.
4. The pupil must have an opportunity to appear at an informal hearing before the Principal, Assistant Principal, Superintendent, or his designee, and has the right to challenge the reasons for their intended suspension or otherwise explain his actions. The hearing may take place immediately.
5. Within 24 hours of suspension the Principal will notify in writing the parent, guardian or custodian of the pupil and Clerk of the Board of the suspension. The notice must include the reason for the suspension, and the right of pupil, parent to appeal to the Board of Education or its designee, the right to be represented at the appeal and to request the hearing or appeal to be held in executive session.

EMERGENCY REMOVAL:
An emergency removal from the premises, curricular or extra-curricular activities, may occur if a pupil's presence poses a continuing danger to persons or property or an ongoing threat of disrupting the established process. A due process hearing must be held within 72 hours after removal is ordered.

EXPULSION:

1. Only a Superintendent may expel.
2. The Superintendent must give the pupil and his parent or guardian written notice of the intended expulsion.

A. The pupil and parent or representative have opportunity to appear on request before Superintendent or his designee to challenge his action or to otherwise explain the pupil's actions. The administrator cannot compel such hearing in the event the pupil and parent choose not to have a hearing.

C. The notice is to state the time and place to appear which must not be less than three days nor later than five days after the notice is given.

D. The Superintendent may grant an extension of time; if granted, he must notify all parties of new time and place.

E. Within 24 hours of the expulsion the Superintendent will notify the parent, guardian or custodian of the pupil and Clerk of the Board of the action to expel. The notice must include the reasons for the expulsion, and the right of pupil, parent to appeal to the Board of Education or its designee; the right to be represented at the appeal and to request the hearing to be held in executive session, but the board may act upon the expulsion only at a public meeting. The request for appeal must be made within seven (7) days.

SUSPENSIONS AND EXPULSIONS: All school work during the time of out of school suspension or expulsion is treated as an "F" and cannot be made up after the student returns to school. Also, the student is prohibited from any and all extra-curricular activities and is not to be found on the school premises during the duration of the suspension. The days absent as a result of a suspension or expulsion are counted as unexcused absences. A parent conference must be held before the suspended student may return to school.

MISCELLANEOUS:

DRESS CODE: The administration of Bath High School recognizes that training in responsible decision-making requires that students become involved in the decision-making process, especially in the areas that affect them directly. The clothing that a student wears to school is an area of decision-making involving the student's parents and the student. Therefore, the administration recognizing this opportunity for responsible decision-making on the part of our students, will not become involved in the matter of dress unless an individual student exercises extremely poor judgment in his mode of dress, that is, that the dress interferes with the learning process or constitutes a hazard to the student or others. Good judgment would indicate that see-through clothing, bralessness, shorts, hats, bare feet, bare midriffs, soiled or torn clothing, excessive hair length, and clothing with offensive illustrations, slogans or commercial messages are not acceptable for school attire.

LOCKERS: The lockers are the property of the school and are provided to the students as a convenience. Periodic inspections will be made and anything illicit and/or illegal may be confiscated. Students are responsible for lockers assigned to them. Lockers should be locked at all times and should not be set or fixed so that anyone can open them. If a locker is set or fixed, persons assigned to the locker are responsible for articles taken from it. Do not put any kind of pictures or stickers in the lockers. Students are responsible for any damages to the locker assigned to them. If you do not wish to maintain a locker under the above conditions, please inform the office in writing and the locker will not be issued.

STUDENT SEARCH: The Principal and/or the Assistant Principal only has the right to inspect student lockers. No person, other than a proper law enforcement officer who has in his possession a valid search warrant directed to a student and who presents such warrant to said student in the presence of the building principal and/or assistant principal shall be permitted to in any fashion, search or seize any personal property of a student from his locker or automobile without his prior written consent.

ANNOUNCEMENTS, DISTRIBUTION AND POSTING MATERIALS: All materials to be announced, announcements, distributed or posted must be approved by the office.

VISITORS: All visitors must register at the main office before visiting a student, teacher, the cafeteria or a classroom. Those persons who fail to abide by these policies will be asked to leave the building and/or be charged with trespassing. Students desiring to bring a guest to visit classes must make prior arrangements with the Principal or Assistant Principal. Visitors, whose purpose is that of a social call (girlfriend, boyfriend, etc) will not be permitted in the building.

LEAVING THE BUILDING: ANYTIME ANY STUDENT LEAVES THE BUILDING FOR ANY REASON HE/SHE MUST SIGN OUT IN THE MAIN OFFICE.

WORK PERMITS: Any student under eighteen years of age and working after school must have a work permit. Your employer must insist that you complete the forms required. Applications for a work permit can be secured from the Assistant Principal's office. Any student between the ages of 16 and 18 years of age who wishes to withdraw to work must be interviewed by the Assistant Principal. Final decisions can only be made by the Superintendent. The student will be notified as to the Superintendent's decision.

STUDENT PARKING: All students are to park in the student parking lot (south lot). Cars are to be parked in designated spaces. (Some insurance companies will not pay for damages if a car is damaged while parked incorrectly.) Students in OWE and COE classes will be assigned parking by the instructors. The west parking lot will be blocked by buses during loading after school. Cars are not to leave the west lot by going behind the middle school. This drive will be blocked during school hours. In addition, the connecting drive between the student lot (south) and the west lot will be blocked during school hours.

STUDENT DROP AND/OR PICK-UP: Students who ride to school with parents are to be let off at the east gymnasium entrance when arriving between 7:20 A.M. and 8:00 A.M. Students who are to be picked up by parents are to leave by the east gymnasium doors betw[illegible] 2:30 P.M. and 3:00 P.M.

HARASSMENT OF EMPLOYEES/EMPLOYEES FAMILY: Students may be subject to school discipline for any harassment, vandalism, physical abuse, or other disruptive behavior toward school personnel, their family, or their property during non-school time.

USE OF TELEPHONE: The use of any phone during school is strictly prohibited unless permission is specifically granted. Students will not be called from class to answer the phone except in an emergency.

CAFETERIA: Students may pack a lunch if they so desire. [illegible] however, glass containers having soft drinks or other perishables are prohibited. The catering of any food by anyone is strictly prohibited. Students may not use any school facilities for storing or preparing food unless permission is specifically granted.

RESTROOMS: During the lunch period all restrooms except those by the cafeteria are off limits unless permission is specifically granted.

SNACK BAR REGULATIONS:
--32 students may be sent to the snack bar daily: 12 seniors, 20 underclassmen; no freshmen 1st semester.
--Seating in the snack bar is limited to the round tables.
--Students are not to leave the snack bar for any reason until the bell rings. Students may not leave to go to the restroom.
--Students are not to stop in the restrooms on their way to the snack bar.
--Students receiving a failing grade for a given nine weeks will lose their privilege until the following nine weeks.
--Administrators, counselors and study hall teachers may revoke snack bar privileges for a given period of time.
--All tables must be cleared of food and paper before leaving the snack bar.
--At no time is food or drink to be taken out of the cafeteria.
--Failure to comply with the snack bar regulations will result in permanent loss of the snack bar privilege.

SCHOOL NURSE: Students who become ill during the school day must report to the nurse's office and sign in at the front desk. If the clinic is unattended you should check in with the secretary at the main desk. The nurse's hours are 12:00 P.M. - 3:00 P.M.

TIME SCHEDULE:

PERIOD 1	7:45 - 8:41		
PERIOD 2	8:44 - 9:38		
PERIOD 3	9:41 - 10:35	LUNCH A: 11:35-12:02	CLASS: 12:05-12:59
PERIOD 4	10:38 - 11:32	LUNCH B: 12:02-12:32	CLASS: 11:35-12:02 12:32-12:59
PERIOD 5	11:35 - 12:59		
PERIOD 6	1:02 - 1:56	LUNCH C. 12:30-12:59	CLASS: 11:35-12:29
PERIOD 7	1:59 - 2:53		

FIRE DRILL (EXIT)

NORTHEAST DOOR: ROOMS:	104 109 110 206 207 208 209
WEST CAFETERIA DOOR: ROOMS:	111 112 Cafe.
IND. ARTS DOORS & SOUTH DOOR:	Ind. Arts Classes
MAIN GYM ENTRANCE: ROOMS:	105 106 107 108 213 215 216 217
WEST DOOR (BAND)	Band
WEST DOOR (CHOIR HALLWAY)	Choir
SOUTH DOORS: ROOMS:	Phy. Ed. Classes
FRONT ENTRANCE: ROOMS:	101 102 103 202 201 203 204 205
WEST SCIENCE DOORS: ROOMS:	300 301 302

CIVIL OFFICE PHONE 525-1483

SHERIFF'S OFFICE, RICHLAND COUNTY
RICHARD H. PETTY, SHERIFF
MANSFIELD, OHIO

PREPARED

STATEMENT OF SHERIFF RICHARD H. PETTY

RICHLAND COUNTY, OHIO

To The

HOUSE COMMITTEE ON NARCOTICS

At present the high schools in our County are places where the young people who attend them are exposed daily to varying kinds and amounts of narcotic substances. This exposure oftentimes takes place while the student is enroute to school on the bus or after their arrival within the school's parking lot.

The narcotic substance most often abused in our County is the drug THC found in marijuana. The best estimate as to the amount of use of the drug would be in the area of 80%-85% of those using narcotics. Other drugs which are abused in our area by high school students are: acid, speed and hashish. These account for the remaining 15%-20%, but no figures are available as to the individual percentages at this time. Intelligence information indicates they are available and have a certain marketability within the schools.

However, it would appear that the preference for marijuana is predicated by the resultant state during and after use. Some intelligence further indicates a fear on the part of the students to use what they consider "heavier drugs". The reason given is that they have no knowledge as to the consequences which may result from their use. The consensus of opinion in my Department is that the relatively mild appearance on the part of the marijuana user can easily be hidden from the unknowing observer, such as a teacher or parent. Quite often it is found—again from intelligence sources—that the user of marijuana can actually be "stoned" before parents at the supper table, or a teacher in school, and be completely ignored by both. This same person, however, would in some instances exhibit alarming behavior when using acid, speed (and to some extent) hashish.

The most common amount of marijuana available is up to an ounce in weight. It is felt that most of the school sales are in the area of an individual joint and the ounce sales limited to the school level dealer from outside sources. Regarding the latter, we have seen in a few instances where parents of school children are the dealers operating into the school through their children.

Our attack has been twofold—on the one hand as a law enforcement agency and on the other an educational approach. Regarding the former, our efforts have been increased and additional personnel assigned to narcotic investigations. We currently have three (3) individuals assigned to this effort. Results have been successful to date with a total of close to 96 lbs of marijuana taken out of circulation.

Other substances have accounted (to a lesser degree) for varying amounts of other drugs. However, with increasing frequency my investigators are turning up large amounts of "look alikes" in the schools. One case, not related to our schools, resulted in the seizure of more than 5000 "look-alikes."

Our investigators have opened 66 cases, to the present time. Arrests have totaled 22, with many more pending in ongoing investigations. In addition, we have seized one (1) step van, two (2) autos, and various paraphernalia items used in taking, preparing and in the sale of narcotics.

Another tool in use in our enforcement effort is the "Drug Hot Line." A phone line and recording device has been donated to the Department by anonymous parties. To date, the results have been satisfying. Calls are received at an average rate of 4-5 per day with 2-3 which can be considered as good intelligence sources.

More and more we have come to realize that enforcement alone is not the answer to the problem. More must be done and we feel that the education of all concerned, when coupled with a strong enforcement posture, works well in our situation. We also feel that we in law enforcement offer a unique approach to the education of persons as to the problems connected with narcotics abuse. As the front line troops in society's war on drugs, we can offer insights from our experience to the potential and actual youthful violator. These insights oftentimes can sort out the real world for them by showing up the dealers for what they truly are—nothing but sickminded individuals who become involved to support their own habit or monetary needs.

Therefore, with this approach in mind, we have established a three (3) man speakers unit. These members of the Department have a busy schedule during the school year. Oftentimes five to six talks per week at various schools is not uncommon. I might add that we don't limit our exposure to just the high school students. In fact, upon advice received from the students whom we address, we now offer our program to students in the sixth grade and up, and find a willing and receptive audience in what we have to say. We don't limit our drug education program to solely students but are available to any group interested in eliminating the problem. This covers—but is not limited to—teacher groups, parent organizations, social groups, and philanthropic organizations, to name a few.

Overall, our reception has been excellent and hopefully all are making a dent in our local problem. We feel that we have made progress in the education of our students to the problems they face if they choose the road to addiction and that it will eventually bear fruit. Only time will tell, but as of the moment (with what is available to us) we feel we are heading in the right direction. We realize that we can't solve everyone's problems with our approach, nor can we stay firmly committed to it indefinitely. The improvements we see as necessary are twofold and in the areas mentioned at the beginning—law enforcement and education.

In the enforcement area a more cohesive statewide approach is necessary. Presently, the State has two organizations for law enforcement. The State Patrol and the Bureau of Criminal Investigation. The Patrol, except for some few cases and crimes committed on state property, operates as a highway safety unit. The Bureau of Criminal Investigation investigates crime mainly in a backup capacity, but even in those instances, it is woefully understaffed.

What is needed both in Ohio and other similar states is a statewide narcotics task force. This unit could then cross over and circumvent the artificial, but politically hostile, boundaries of cities, counties and other political subdivisions. The criminal element involved in poisoning our future in our youngsters knows no boundary and has no scruples. But we who fight them must observe protocol and deal with narcotic situations from outside our area only when they have a direct impact upon us. Then we must stop and pass on information, hoping the receiving agency which is unaffected by the instant case, will follow it up with the same fervor. It is a blind and patchwork approach to a serious problem.

The other area of interest to us in Richland County is in the education of our young people to the pitfalls of narcotic abuse. We feel that programs must be initiated at a lower level. The previously mentioned start of educating our children at the sixth grade level has definite credence. This is because at this grade the young student is embarking on a new stage in his education—preparation for entry to the junior high level. We feel that the junior high school has become an initiation point for the start of drug abuse. Quite often the entering child is first introduced to drug abuse by his older and seemingly wiser upperclassmen who, themselves, are only a year or two from the same sixth grade stepping-off point. At this time an opportunity exists to inculcate in the young student the options open and the pitfalls which are possible if the wrong choice is made.

Programs should also be developed as requirements for the children and encourage participation by the parents, also, on narcotic abuse. Teachers should also be required to participate in formalized training on a regular and continuing basis into the selfsame areas.

In closing, one further area should be covered—that is the problem of the "look-alikes." More and more we are seeing evidence of these substances. No figures are available as yet, however, a very serious threat to the health and safety of our young is foreseen. More studies should be made into the medical and sociological impact they will have on us and generations to come. If the past evidence of the low-key approach to marijuana is an example, it already may be too late.

If we don't act now on our drug problems, we will lose our future because it lies in the young and fertile lives of our children upon whom we are allowing to be heaped untold and irreparable harm.

Richard H. Petty

RICHARD H. PETTY, SHERIFF
Richland County, Ohio

PREPARED STATEMENT OF

RALPH R. MONDAY

DETECTIVE SERGEANT, FINDLAY, POLICE DEPARTMENT

FINDLAY, OHIO

This report is prepared for the United States House of Representatives, Select Committee on Narcotic Abuse and Control.

Having been a Policeman for over ten years, I have seen a dramatic increase in the usage of illegal drugs, with the trend toward a much younger age group as users.

I have categorized the types of drugs being abused in the Findlay, Hancock County, Ohio area into seven categories. They are Marijuana and Hashish, number one, number two LSD, number three Cocaine, number four Phencyclidine, number five Quaaludes, number six Amphetamines and Barbiturates, and number seven other dangerous drugs.

I shall talk briefly about each of these areas, after which I will conclude by offering some specific ideas as to how Law Enforcement can best combat this very dangerous situation.

In Findlay and Hancock County, we find marijuana use wide spread. Marijuana has found it's way into nearly all age groups and social circles in this area. Much of our marijuana comes from out of the state or out of the country from Columbia, Mexico, California, and Hawaii. In the warm months in Ohio, we find an increase in "home grown" or locally grown marijuana.

Although hash or hashish is fairly common in our area, we do not see it nearly as much as plain marijuana. In the past year to eighteen months, we have seen a dramatic increase in a type of marijuana known as Sinsemilla. This is a much stronger marijuana, and it's believed to come from either California or the state of Hawaii.

A common practice among regular youthful marijuana users is to buy a quarter pound and split it into four smaller bags. The user then sells three bags at the total price of a quarter pound and has one bag left for himself for free. In younger marijuana users, we find them rolling marijuana cigarettes and selling them at school for a dollar each to offset their initial cost for a bag.

The alarming fact about marijuana use in our area is that it is getting to be more and more of an accepted behavior. We believe that this acceptance of marijuana use is a very dangerous thing. Marijuana may not lead to the use of harder drugs, but almost all of those persons that we have come in contact with, that do harder drugs, start with marijuana.

Another alarming statistic about marijuana and marijuana users is that since it is so difficult to detect, it seems to be considered a safe drug to use by persons operating a motor vehicle. We have seen many serious and even fatal accidents that were caused by a driver being under the influence of marijuana.

LSD, otherwise known as acid, is a drug we hear about daily and is a very highly abused drug in our area. We see high school age kids as the age group that most often abuse LSD.

Findlay is so well known for it's LSD that the head of the Ohio Regional Crime Lab dubbed Findlay as "Acid Town."

We find that this drug comes in from different sources, however, one of the problem sources is the Mexican-American community. LSD seems to be the drug that some members of this ethnic group frequently use and sell. We find that some Mexican-Americans are using connections in Texas and Mexico to get large quantities of this drug for later sale.

In Findlay and Hancock County, the abuse of cocaine is growing daily. The cocaine that we have seen comes from Columbia in various ways. Since the cost of this drug is usually quite high, it certainly limits the customers.

We see a high rise in this drug by business men in our area. Right now cocaine is the drug of choice among those who can afford to buy it. We don't see many juveniles using this drug, again, due to the cost of it. We have had cases, however, where juveniles have been used to run the drugs from dealer to buyer.

Phencyclidine, or PCP, (AKA Angel Dust), is an extremely dangerous drug that we see consistently, but not in real large quantities. We see use of PCP heavy among the young bar crowd, and somewhat in the high school age group.

The problem with this drug is that it is not too expensive to make, and the profit possible is quite high, therefore, people keep making the drug, and we keep seeing it. We view this as a very dangerous drug due to it's dangerous effects.

Quaaludes, or "Ludes," seem to, at this point in time, be a popular drug among the young people in our area also. The rise and use of this drug is alarming. We are finding them turning up more and more. They may not have yet worked their way too far into the school system, but at the rate of their use in our area, we feel that it is only a matter of time until they do.

Many of the users of this drug like to mix it with alcohol, which, of course, is dangerous, especially when they get into a motor vehicle and drive. Quaaludes that we are seeing in Findlay seems to be coming from Florida.

Amphetamines and Barbiturates. We do see prescription and clandestine made amphetamines and barbiturates, but this use is down greatly over the years. In the past two years, we, only on occasion, see these drugs.

Sometimes we find people with scripts for barbiturates who then sell the drug to someone else. There is an increasing amount of counterfeit drugs that are being passed off as amphetamines. Nearly all of the "Speed" we have come across in the past one and one-half years has turned out to be counterfeit, "look alike drugs", containing caffeine, which is not a controlled substance.

The last category is the other dangerous drugs. We occasionally run across other dangerous drugs that previously were not covered, but this is rare. We have no evidence that we have any problem with heroin or other drugs that plague other parts of the country. We have occasional dealings with these drugs usually as a result of people that come off the interstate highway that runs through and past our city.

In summary someone may ask, "do you have a drug problem in Findlay?" The answer to that is, "yes," but we feel that we are working to control it.

The City of Findlay Police Departments Drug Enforcement Unit is one of the most effective units in northwestern Ohio. Our record of felony drug arrests and convictions supports this statement. This type of enforcement is necessary and can be achieved given a proper budget. The City of Findlay does alot $20,000.00 annually to make drug buys and to cover informants expenses. We find that with this money we can run an effective unit. Without this money, our operation would be greatly hampered.

Working with other departments we have found that these departments that do not have a drug unit, or do not have a sufficient budget to support an effective drug unit, certainly has more of a problem with drug activity than we do.

In the past twelve months we have staged three major drug raids where many people were arrested, after months of investigation and buys through informants. We find that drugs now are harder to get in our area and the quality available has decreased. We know that not we, nor anyone else, will ever stop drug abuse, but we think we can greatly control it.

I would like now to address some specific proposals that we would like to make, or problems that we are experiencing in the enforcement of the drug laws. We would like to see stiffer drug laws for both trafficing and possession in Ohio. Right now in Ohio possession of marijuana, a small amount, is only punishable by a fine, so it's very difficult to convince persons to supply us with information as to who their supplier is when they know that all they have to risk is a fine in court. We feel that if possession of marijuana in any amount would be punishable by a jail sentence, it would be much easier to make a plea bargain arrangement with the person, thus having them cooperate with the Drug Enforcement Unit in naming their source.

We would also like to see a state wide law prohibiting the sale of drug paraphenalia, (pipes, papers, etc...). Further, we need greater cooperation between local law enforcement and Federal agencies such as the Drug Enforcement Administration. We have attempted in the past to gain the cooperation of Drug Enforcement Administration only to find out that if it is not a "head line" making case, they are really not terribly interested in dealing with it. If manpower or budget problems within Drug Enforcement Administration is the *problem, the Federal lawmakers should correct this problem.*

We would also like to see more cooperation between the school systems and the Law Enforcement Agencies. It would be beneficial to us to know the youths within the school system being dealt with by the school administrators for having or trafficing in controlled substances. I can only guess that we're not receiving all of this information. Again, it's not our goal to go on a witch hunt to see how many people we can file charges on, especially juveniles, however, we do need the information as to who has possession and who is trafficing to have a possibility at getting to their source. I'm not sure how this could be ordered, other than to have legislation that forces the school administrators to report cases or drug abuse and drug trafficing to the local agency having jurisdiction and to have some type of punitive action towards the administrators if they fail to comply.

We would like to see a change of attitude in this country towards drug use, and this can only be done by education. This should begin with elementary school children and continuing on through adult education. People need to get a hard approach about drug use and sales. It's wrong, it's dangerous, it's hurting our youth, and it's hurting any good tax paying law abiding citizen in the United States.

Respectfully submitted

Det. Sgt. Ralph R. Monday

Det. Sgt. Ralph R. Monday
Findlay Police Department
June 18, 1982

PREPARED STATEMENT OF

JACK E. MILLER

EXECUTIVE DIRECTOR, COUNTY ALCOHOLISM COUNCIL

HANCOCK COUNTY, OHIO

Dear Committee Members:

Thank you on behalf of the Hancock County Alcoholism Council and other concerned citizens of Hancock County for this opportunity to express our concern and add our input to your attempts to address the issues of drug abuse and control which we perceive to be one of, if not the leading public health issue facing our Nation today.

The Alcoholism Council is a private not-for-profit corporation governed by a representative group of citizen volunteers. It has been serving Hancock County's population of 64,158 citizens for the past 6 years in the areas of treatment and prevention of alcohol and other drug abuse. During this period we have treated in our drug free outpatient clinic, nearly 700 persons whose lives have been affected by chemical dependency or abuse. We have also provided hundreds of hours of community education programs and seminars throughout our county in an attempt to highten both the awareness of and knowledge about chemical dependency.

Through this direct contact with our community over time, we have percieved the reality of several drug abuse issues that we believe require the continued and increasing involvement of the Federal Government both financially and legislatively. The perceived issues/problems are summarily stated as follows:

1. The primary drug of abuse continues to be alcohol, however the scope of the abuse has broadened so that increasing numbers of persons suffering from alcoholism are being found at both ends of life's spectrum. Teen and pre-teen alcohol abuse appears to be substantially on the increase as is alcoholism in the senior citizen years.

2. The second most prevelant drug of abuse is marijuana, with experimental use now beginning primarily in 4th through 6th grade levels and regular use (at least once weekly) from 7th grade on in increasing numbers.
3. The abusive use of alcohol and the regular use of marijuana is the standard form of socializing for the large majority of our high school youth and in any random sampling which we have done among this age group, they are hard put to identify even 20% of their friends and aquaintences who do not use one or both of these drugs. These informal samples are taken in various types of youth groups from schools, community gatherings, and treatment groups.
4. Marijuana use is also prevelant among young adults thru their early 30's. This age group is also using alcohol in conjunction with marijuana in social settings.
5. Stimulant drugs which have been popular in the past are still sought but the quality (unless prescription) is poor and usually a substitute such as caffeine and anti-histimine type products. These are called "look-alikes."
6. Minor tranquilizers are still popular and youth are getting hooked on prescription drugs like valium, serax and methaqualude. They obtain these from prescriptions sold on the street, from medicine cabinets and from the bootleg market.
7. L.S.D. & P.C.P. are drugs of choice for some of our youth but P.C.P. use appears to be on the decline. Acid (L.S.D.) quality is up and when it is available it goes quickly. The source of acid appears to be Michigan, Toledo, and Columbus, for our area.

These issues/problems which we experience through our treatment of those affected as well as through our contacts in prevention programs throughout our County, lead us to conclude that we are only scratching the surface of a primary health and social problem. A problem that is becoming very much a part of American Culture through the impact of television (which constantly promotes drug and alcohol use in both advertising and programs), and the entertainment industry which portrays drug use/abuse in song and theatre as an acceptable part of the American life style.

Our hope is that this committee can provide the impetus to move the Congress to act decisively in addressing this problem both legislatively and financially.

Funds are needed to provide treatment for those affected by chemical dependency and to provide programs directed toward prevention of chemical abuse.

We would hope that Congress might take seriously studies that have already been done that show the impact of television on our culture and attitudes, and use the legislative process, if necessary, to remove the constant advertised and programmed suggestions that alcohol (beer & wine) and pills are the way to the "Good Life". Until we fully accept the impact of the T.V. and entertainment industry on our life-style we will not do much to change the long range effects of our chemical abuse problem.

We would suggest manditory in-service training for teachers in the area of understanding, identifying and intervening where chemical abuse is present in our schools.

We encourage the government to use its media resources to promote public understanding of the facts about chemical abuse and what can be done to help those already affected.

Obviously this epidemic of alcohol and other drug abuse did not develop overnight and will not be solved without the expenditure of time, energy and money into the future. We commend your committee for addressing this issue, and wish you success in your efforts to understand the scope of the problem and how it might be addressed.

Our Council is grateful for this opportunity to lend our voice to your concern and stands ready to assist in any way we can.

Thank you for this opportunity to testify.

Sincerely,

Jack E Miller

Jack E. Miller, C.A.C., Ex. Dir.
Hancock County Alcoholism Council

AUGLAIZE COUNTY GENERAL
HEALTH DISTRICT
Corner of Wood & Lima Sts
P. O. Box 7
Wapakoneta, Ohio 45895

PREPARED STATEMENT OF

PHILIP E. WARD

DIRECTOR, DIVISIONS OF ALCOHOLISM AND OTHER DRUGS

AUGLAIZE COUNTY GENERAL HEALTH DISTRICT

WAPAKONETA, OHIO

There is no doubt that there is fairly extensive use of psychotropic drugs among the adolescents of the rural midwestern United States. After two years of providing an extensive intervention program for drug abusing adolescents, whom were assigned to our agencies by the judicial or school systems, Allen and Auglaize Public Health Departments decided it was time to determine the degree of illicit drug use among adolescents in our two counties.

The proceeding questions and answers are a recap of the first drug use survey performed by the Allen and Auglaize Counties Public Health Departments. Eventually the two Health Departments, in cooperation with a computer analysis team from Wright State University, plans to survey all school systems in Allen and Auglaize Counties, thus providing a demographic analysis of adolescent drug use. As you peruse the questions and responses from the total Bluffton High School population, freshman - seniors, bear in mind that Bluffton, Ohio is one of the more rural and conservative areas in our counties.

No. of Students Responding Yes (Out of 294)	Raw Data Collected, 11/17/81 Question	Per Cent Responding Yes (Out of 294)
219	1. Have you every used alcohol?	75.0
128	2. Do you use alcohol now?	43.5
91	3. Have you ever used marijuana?	31.0
53	4. Do you use marijuana now?	18.0
35	5. Have you ever used depressants?	11.9
18	6. Do you use depressants now?	6.1
58	7. Have you ever used stimulants?	19.7
29	8. Do you use stimulants now?	12.6

No. of Students Responding Yes (Out of 294)	Question	Per Cent Responding Yes (Out of 294)
29	9. Have you ever used cocaine?	9.9
16	10. Do you use cocaine now?	5.4
37	11. Have you ever used hallucinogens?	12.6
23	12. Do you use hallucinogens now?	7.8
28	13. Have you ever used PCP?	9.5
14	14. Do you use PCP now?	4.8
15	15. Have you ever used narcotics?	5.1
11	16. Do you use narcotics now?	3.7
176	17. Do you know where to obtain illegal drugs?	59.9
8	18. Have you ever been charged with a crime while under the influence of a drug?	2.7
	19. What percentage of the students in your school do you think have experimented with marijuana?	
64	(a) Over 75%	21.8
80	(b) 50-75%	27.1
65	(c) 25-50%	22.1
44	(d) 10-25%	15.0
23	(e) 5-10%	7.8
14	(f) Under 5%	4.8
4	(g) No Response	1.4
	20. What percentage of the students in your school do you think have experimented with hard drugs?	
14	(a) Over 75%	4.8
30	(b) 50-75%	10.2
60	(c) 25-50%	20.4
81	(d) 10-25%	27.6
48	(e) 5-10%	16.3
51	(f) Under 5%	17.3
10	(g) No Response	3.4

Our objectives in surveying high school aged students about their use of psychotropic substances are threefold. 1.) To raise community, parental, and school systems awareness about the use, abuse, and consequences of adolescents' drug use.

2.) To understand how students perceive their own use and their peers use of psychotropic substances. The recap provided to you from the Bluffton School survey represents 20 questions out of a total 88 questions. Other questions in the survey includes frequency of use, effects of use, perception of use, and knowledge of drugs.

3.) To provide data of what age to most fully concentrate drug prevention programs and what geographic areas of the counties need the most concentrated effort of prevention programming. The total drug survey questionnaire also provides our agencies with the ages that students first experimented with each drug. Obviously, if we want to prevent the problems associated with drug use, we need to impact on young people prior to the onset use of psychotropic substances.

The resulting effects of adolescents drug use can be observed in the serious repercussions to the adolescents, families, schools, and society in general. Not to be redundant to what this committee has most likely heard innumerable times in prior public hearings, we would like to provide you with a brief overview of what our agencies have observed in dealing with 103 drug abusing adolescents during 1980 and 165 drug abusing adolescents during 1981.

First, and of uttermost concern to us, is the effects of drug use on the adolescents. Personal hygiene, proper diet, exercise, and rest, all the basics of preventive health, are sorely lacking in most drug abusing adolescents. Our theory is that the loss of these basic health skills leads to lowered self esteem which, in turn, leads to continued drug use for "coping and escaping reality" purposes. Coupled with the physical degradation, the emotional problems associated with adolescent drug use are serious and frightening. We have in our clinical case records, documented evidence of 18 year olds functioning at the maturity level of 12 year olds. This pattern of maturation retardation appears consistently with adolescents who began using drugs during their formative years. This pattern leads us to suspect that going through the adolescent years in a drug induced stupor results in arresting maturity at the various ages of first drug use. All of the physical and emotional aspects of adolescents drug use combined, leads to serious apathy on the part of the adolescents. Apathy to the degree that most adolescent drug users feel that they could care less about what happens to them, their families, or society. This would hardly give anyone a feeling of security about our leaders of tomorrow.

The areas of life that adolescent drug users touch includes families, schools, and society, all of which suffer as a result of their drug use. Our agencies have not dealt with any adolescents to this date, where their families have not also needed therapy to restore themselves as a congruent functioning unit. All of the drug abusing adolescents we have dealt with have, in some fashion, caused upheaval in their school systems. As far as society in general, take a look at the rising statistics of rural crime. 75%, 201, of the adolescents our agencies treated during 1980 and 1981 were involved in criminal activities. 95%, 191, of those adolescents would, most likely, not have committed a crime had they not been under the influence of drugs.

The pattern of drug use and abuse among adolescents has also remained consistent over the last 2½ years. Alcohol, marijuana, stimulants, quaaludes, and hallucinogens, in that order, rank among the drugs used by adolescents in our intervention program. Alcohol in about 99% of the cases serves as a base drug and beyond that, whatever substances wanted and accessible are added to the alcohol. The common myth among the adult population about alcohol being the lesser of evils among the drugs utilized by adolescents, has certainly not proven to be true from a clinical observation.

The end result of adolescent drug use is a population of young adults who need treatment for chemical dependency, however, due to the mixing of drugs, the maturity level, and the apathy, they are much harder to treat than adults who began their drug use at later periods of their lives. After two years of prudent observation of adolescent drug use, we would recommend that you, as members of the Select Committee on Narcotics, give further study to the proceeding areas as possible solution to adolescent drug use.

1. Adolescent Chemical Dependency Treatment - The alcohol and drug intervention programs, such as the one we have referenced throughout this report, should be available programs for each rural county and city in the U.S. Further, school systems should be mandated to actively utilize such intervention programs.

An alcohol and drug intervention program for adolescents provides initial diagnosis, values clarification, drug education, affective education, group therapy, and further recommendations for adolescents upon completion of the intervention program. Most important, an intervention program that is effectively utilized by school systems intervenes with adolescents drug use prior to their getting into serious trouble. Also, the intervention program actively works to put the parents back in control of the family, thus setting discipline standards for adolescents to adhere to.

In terms of adolescents whose progression of chemical dependency has reached the point of addiction, halfway houses appear to be the best modality of treatment. Halfway houses are expensive propositions and we could not honestly recommend a large number of them being constructed throughout the United States. There should, however, be enough adolescent halfway houses for accessibility purposes of a 200-300 mile radius.

2. Prevention Programs - With too many areas of life and entirely too often, we wait until a problem occurs prior to doing anything about it. In the case of adolescent chemical addiction, waiting until the problem occurs is self-defeating for adolescents as well as society. The resources and the length of time required to treat chemically addicted adolescents are astronomical. In addition to the cost and time, treatment for adolescents who are chemically addicted is, at this point in time, just not successful enough to clean up the mess the majority of addicted adolescents make of themselves. Other areas of adolescents lifestyles such as sexuality, nutritional and physical health, emotional health, etc., also prove to be too devastating and costly to society to wait until problems occur before addressing the issues.

Therefore, we would recommend that each Public Health Department in the United States be equipped with a viable health education component. Utilizing the techniques of preventive health information, affective education, alternatives, environmental change, and values clarification, these Health Departments should actively work throughout their appropriate district, city or county, training parent groups, teachers, and especially, developing preventive health curriculums for kindergarten through seniors. You may not be able to totally erradicate the problems associated with the adolescent years, however, we strongly feel the problems could be severely reduced if the proper personnel was impacting on the proper target groups.

It would not be an easy task to mandate preventive health programs as, historically, we have wanted to spend our monies where we could view the immediate results. If you study history, the period following World War II placed emphasis on the individual treatment of patients, causing the technology of health care to mushroom. This direction to "sickness care", although very important and helpful in alleviating suffering, has led to an extremely expensive medical system. During the year 1981, as has often been the case, the increase in costs for the health care sector was significantly greater than for other elements of the consumer price index. Unfortunately, even with the high cost and technology of medical care, little advancements were made in dealing with the main problems of today's youth.

For multiple reasons, society has become more difficult for adolescents to grow into. Coupled with a myriad of difficulties, problems for adolescents are occurring at earlier and earlier ages. Now that improved sanitation and immunizing agents have conquered most of the main causes that crippled or killed our children in years past, it is time for society to address the new problems that are crippling and killing our children. The new problems for our youth, such as the use of psychotropic drugs, can be best addressed by preventive health education, not "sickness care".

Thank you for your time and careful study.

PEW/dt

PREPARED STATEMENT OF

MARLENE GOUDY, A CONCERNED PARENT

WAPAKONETA, OHIO

My son is 20 years old and is chemically dependant. From the time he started using drugs and alcohol at age 12 until he entered treatment and recovery at age 19, our family lived in a nightmare of fear,anxiety and PAIN. My statement will be given from this parental point of view. I hope to point out the FAILURE of the system to help us recognize and deal with substance abuse and all of it's ramifications.

The first FAILURE is APATHY on the part of the general public to recognize and admit that substance abuse is rampant in our community. In my county we have the distinction of being #3 in the nation in alcohol consumption per capita - we also have the distinction of having a higher than normal rate of accidents and traffic deaths related directly to drinking while driving.

The next FAILURE is in the SCHOOL SYSTEM. Due to his use my son could not cope - his learning processes and general adolescent development was severely hampered. He was shuffled through the system via the OWE, OWA, Survival English, etc. - courses a 5th grader should have been able to handle - he couldn't. Most of the kids in his class were also drug and alcohol users and it was here in these classes that he found his drug peer group and remained with them until he finally dropped out of school. He continued to associate with them (they all quit school too) until he entered treatment. One of them went to prison for dealing. At no time during his junior high or sophomore years did a guidance counselor, teacher or principal suggest to us that his learning difficulties might be attributable to drug use. I don't know if it was because of (a) ignorance of the symptoms, (b) not knowing what to do if they did recognize the symptoms, or (c) simply closing their eyes and evading an unpleasant situation. I feel it was all three.

The next FAILURE is with the MEDICAL PROFESSION. I took my son to the pediatrician who had been treating him for allergies since he was an infant and told him I felt my son was smoking pot and using other chemicals. I begged him to help me find a way to help him before he killed himself. He gave my son a stiff lecture and then told me to keep an eye on him. During this same time I was seeing our family physician because I was developing ulcers from all the stress and anxiety. My own physician gave me powerful tranquilizers to allieviate my distress. I took them home and threw them out - we didn't need two spaced out junkies in our family. The pediatrician should have been knowledgeable enough of chemical abuse to recommend treatment at a chemical dependancy treatment center. Physicians should take time to find out why their patients are living stressful lives and help treat the cause not just the symptoms. The truth about chemical dependancy is that everyone IN the family becomes just as sick and crazy in their thinking as the user. There is no room for rational thinking. Some has to yank them off the merry-go-round and put them in touch with the reality of their situation.

The next two FAILURES went hand in hand - the MENTAL HEALTH CENTER and the PSYCHIATRIC PROFESSION. The Mental Health people were the first of OVER 14 AGENCIES that we contacted for help over the course of those 7 years. The first counselor told us that if our son wasn't shooting heroin or stealing cars we really didn't have a problem (exact words of the counselor). Next came two years of seeking psychiatric care in the private sector ($60 per hour). To make a long,incredible story short, the psychiatrist treating our son gave him DRUGS to help solve his MENTAL PROBLEM - they diagnosed him as schizophrenic, and manic depressive. Never was drug addiction or alcoholism mentioned. That scenario ended with our son experiencing his first over-dose. He mixed the legal drugs from the shrink with his own and OD'd. During all these years our son never refused to go for help - the sad,unfortunate reality of the whole thing was that NO-ONE knew what to do or where to go. The next FAILURE came through the COURT SYSTEM. Our son was picked up for DWI - it was reduced to a lesser charge if he would see the substance abuse counselor with the (you guessed it) MENTAL HEALTH CENTER. No-one ever checked to see if he actually went. He did go on and off for about six months and again he was treated for mental illness NOT the disease of alcoholism and drug addiction. During the course of the next three months our son had another overdose which almost cost him his life and he lost his job. I kept searching for help and it finally paid off. I attended a workshop on Teens, Drugs & Alcohol and for the first time was put in touch with what was happening to us and our son. At this workshop a good friend listened to my story and because he understood the nature of chemical dependancy, was able to recommend the right treatment for our son. I went home that night and showed my son a brochure of the treatment center and it took him about 15 minutes to tell me, "mom, I think I'de like to go there." Two days later he was in treatment at a chemical dependancy treatment facility. After 30 days in this facility it was recommended to him that he needed long-term (6 months) care. He chose a half-way house in St. Paul Minnesota. He is now living on his own and has been chemically free for 15 months. On the day he was to leave for the initial treatment center, he called the substance abuse counselor at the Mental Health Center to tell him of his decision and the man said, "______, are you sure you want to do this - perhaps you ought to reconsider." Thank God he didn't reconsider - it would have been the ultimate FAILURE.

Because of our experience my husband and I have made the decision to devote most of our free time to dispel the IGNORANCE and APATHY in our community regarding substance abuse. We have or will concentrate our efforts in the following areas:

1. I have requested our SCHOOL ADMINISTRATION to pattern a drug policy for intervention, evaluation and treatment based on the Fairborn Junior High's program. After looking at it for one year, they came up with a policy that was worse than nothing - it was appeasement. My next step is to educate the school board members so they can make the right decision when they are asked to make policy.
2. This fall we are opening a chapter of "Families Anonymous". Families Anonymous is a support group for parents who have children using drugs or alcohol. We hope to be able to short-circuit the time it takes to get their children help by referring them to the CORRECT people and facilities. The primary purpose of Families Anon. is to help parents understand what chemical dependency is doing to them and their children - it helps put the control of their lives back into their own hands.
3. We hope to form a COMMUNITY ACTION COMMITTEE pooling the knowledge and resources of law enforcement, courts, clergy, physicians, educators and the PUBLIC to do an assessment and evaluation of the drug and alcohol problem in our community. Our ultimate goal is to EDUCATE our community

in all the ramification of the substance abuse problem.

4. We need to develope a RESOURCE and INFORMATION center in our community so our citizens can have help or know where to go for help if they are faced with drug and alcohol problems. It needs to include a CRISIS HOT LINE and a Turn In A Pusher phone line.

I would very much like to see a NATIONL AD CAMPAIGN in the media to counteract all the "do-drug" messages we are bombarded with every day. If I had no other education other than the media (TV especially) and this is true of many young children - the only way I would learn how to handle negative, hurt or bad feelings or the only way I would learn how to relax, go to sleep or have a good time - the only way would be to pop a pill or drink beer. We must show the REALITIES behind the chemical solutions...REALITIES such as addiction and alcoholism resulting in broken homes, broken relationships, suicide, ruined health, trafic fatalities, and for too many young people, early and tragic death.

There is a desperate need for quality treatment facilities. Alcoholism rates #3 behind cancer and heart disease as the leading cause of death in our country and yet it is the first program to get cut in the budget crunch. Many treatment centers will NOT treat the adolescent substance abuser. We need more adolescent half-way houses and FUNDING for the parents. When all the bills were in our sons treatment cost us close to $10,000. We had to borrow everything we could to get him intc treatment - the poor will never get the help they need - they couldn't afford it.

In closing I only wish to say that as a citizen, parent, and mother, I NEED TO KNOW my efforts are being rewarded in lieu of the courts prosecuting to the fullest extent of the law all those who choose to deal,in any way shape of form, in drugs. These DEATH MERCHANTS must pay the price - if they don't, WE WILL.

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